



2023 - 2024 INDEPENDENT Worksheet C (WKCS)

INSTRUCTIONS: Your 2023-2024 Free Application for Federal Student Aid (FAFSA) results indicate that you and/or your spouse (if married) included an amount for one or more of the item(s) below. In order to continue processing your 2023-2024 financial aid application, the reported amount(s) must be verified or corrected by completing the following information for calendar year **2021**. If amount is zero, enter "0" below.

A. STUDENT INFORMATION

Student Name: _____ **U ID Number:** _____
SSN (last four): XXX-XX-_____ **Phone Number:** _____

B. ADDITIONAL FINANCIAL AID INFORMATION TO BE VERIFIED

	2021 Totals Student/Spouse																
1. Education credits (American Opportunity and Lifetime Learning tax credits) from IRS Form 1040 Schedule 3 (line 3).	\$ _____																
2. Child support paid because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household. (additional documentation may be required)	\$ _____																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of Person Who Paid Child Support</th> <th style="width: 25%;">Name of Person to Whom Child Support was Paid</th> <th style="width: 25%;">Name of Child for Whom Support Was Paid</th> <th style="width: 25%;">Annual Amount of Child Support Paid in 2021</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2021				\$ _____				\$ _____				\$ _____	
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			\$ _____														
			\$ _____														
			\$ _____														
3. Taxable earnings from need-based employment programs, such as Federal Work-Study and portions of fellowships and assistantships.	\$ _____																
4. Taxable college grant and scholarship aid reported to the IRS as income , included in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$ _____																
5. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$ _____																
6. Earnings from work under a cooperative education program offered by a college.	\$ _____																
2021 Grand Total	\$ _____																

C. CERTIFICATION AND SIGNATURE

By signing this form, I hereby certify that all statements and information provided on this form are true, complete, and correct to the best of my knowledge and will provide proof if requested. I authorize University of Memphis officials to verify any information on this form by contacting any person/organization. I understand it is a crime and a violation of the University of Memphis Student Code of Conduct to purposefully give false or misleading information on this form, which may be subject to a fine, imprisonment, and University of Memphis sanctions.

Student Signature: _____ **Date:** _____
 (TYPED SIGNATURES CANNOT BE ACCEPTED)