



Maryland Higher Education Commission
 Office of Student Financial Aid
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 Baltimore, MD 21201
 (410) 767-3300; (800) 974-0203
 TTY for the Deaf - (800) 735-2258
 MHEC.MARYLAND.GOV

INDEPENDENT STUDENT
 Verification Worksheet
 Guaranteed Access Grant
 2022-2023 Academic Year

FOR **PRIORITY CONSIDERATION**, UPLOAD THIS FORM TO MDCAPS BY **APRIL 1, 2022**

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____ MI: _____
 MHEC ID#: Date of Birth: _____ / _____ / _____ (MM/DD/YYYY)
 Last 4 digits of SSN:

SECTION B: FAMILY INFORMATION (PLEASE PRINT)

Number of Household Members: List below the people that reside in your household including yourself and your spouse (if applicable).

List Full Name of All Family Members of the household	Age	Relationship to the Student	Name of College/University Attending in 2022-2023 (must be enrolled at least half-time)**
EXAMPLE: Gloria Smith	10	Sister	N/A
		SELF (STUDENT)	

If more space is needed, attach a separate page with the student's name and MHEC ID number at the top.

SECTION C: TAX FORMS AND INCOME INFORMATION

COMPLETE THIS SECTION AND CHECK ONLY ONE BOX FOR EACH QUESTION:

1. Student's tax information:

- The student is providing MHEC with a copy of their **2020** IRS Tax Return Transcript **or** 2020 Signed 1040 Tax Return
- The student has used the IRS Data Retrieval Tool on the FAFSA to transfer the **2020** IRS income tax return information.

Student Non-Tax Filers:

- The student was not employed and had no income earned from work in **2020**.
- The student was employed in 2020 and has listed below the names of employers, the amount earned from each

employer in 2020, and the amount earned on the W-2 and /or 1099. (**Submit copies of all 2020 W-2 and/or 1099 forms.**)

Employer's Name	Student Annual Amount Earned in 2020	Did you attach all W-2 and/or 1099 forms? (Y/N)

2. Student's Spouse tax information:

- The student's spouse is providing MHEC with a copy of their **2020** IRS Tax Return Transcript or 2020 Signed 1040 Tax Return
- The student's spouse has used the IRS Data Retrieval Tool on the FAFSA to transfer the **2020** IRS income tax return information.

Spouse Non-Tax Filers:

- The student's spouse was not employed and had no income earned from work in **2020**.
- The student's spouse was employed in 2020 and has listed below the names of employers, the amount earned from each employer in 2020, and the amount earned on the W-2 and /or 1099. **(Submit copies of all 2020 W-2 and/or 1099 forms.)**

Employer's Name	Student's Spouse Annual Amount Earned in 2020	Did you attach all W-2 and/or 1099 forms? (Y/N)

You may obtain a 2020 IRS Tax Return Transcript:

ONLINE – Go to <http://www.irs.gov/individuals/get-transcript>. Click **"Get Transcript ONLINE."** Make sure to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account Transcript." To use the Get Transcript Online tool, the user must have (1) access to a valid email address, (2) a text-enabled mobile phone (pay-as-you-go plans cannot be used) in the user's name, and (3) specific financial account numbers (such as a credit card number or an account number for a home mortgage or auto loan). The transcript displays online upon successful completion of the IRS's two-step authentication.

- **MAIL** – Go to <http://www.irs.gov/individuals/get-transcript>. Click **"Get Transcript by MAIL."** Make sure to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account Transcript." The transcript is generally received within 10 business days from the IRS's receipt of the online request.

3. Untaxed Income (YOU MUST COMPLETE THIS SECTION)

Did you or your spouse receive any other untaxed income? Yes No

If yes, list the type(s) of income (i.e. contributions to IRA, cash support, etc.) received below and you must provide documentation of the untaxed income sources received

Source(s) of Untaxed Income	Annual Amount Received 2020

Each person signing below certifies that all of the information you provided is true and complete to the best of your knowledge and agrees to provide documentation that will verify the accuracy of the information being reported.

I understand that if this form is incomplete or supporting documentation is not provided, my financial aid may be delayed. If asked by an authorized official of the Office of Student Financial Assistance, I agree to provide proof of the information that I have given on this form.

Student's Signature

Date

Student's Spouse Signature

Date

FOR PRIORITY CONSIDERATION, UPLOAD THIS FORM THROUGH YOUR MDCAPS ACCOUNT BY APRIL 1