



2026-2027 Dependent Income Form (V1)

A. Student Information

Student Name:

7-digit ID Number:

Our records indicate the FAFSA was unable to locate your tax information with the IRS and we will need to verify your information. Learn more at: hocking.edu/financial-aid.

Instructions:

- **Important:** Review this form before signing to confirm all fields have been completed. If a situation does not apply to you, enter 0 or N/A. Incomplete forms will not be accepted, will delay processing, and will be shredded for security purposes.
- Submit this form along with any other pending financial aid documents by secure upload in [Self-Service](#).

B. Student Tax Information (Mark only one box)

- ☐ I have filed my 2024 taxes
 - Submit 2024 [IRS tax return transcript](#) or signed 2024 tax return
- ☐ I did not earn any income in 2024.
 - I certify that I did not and was not required to file a 2024 tax return
- ☐ I did earn income from work in 2024 but was not required to file a 2024 tax return.
 - I certify that I did not and was not required to file a 2024 tax return
 - Submit all of your 2024 [W-2 form\(s\)](#) and 1099 MISC. form(s)
 - List in step D the names of all employers and the amount earned from each employer in 2024

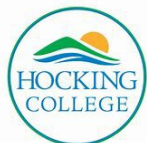
C. Parent/Stepparent Tax Information (Mark only one box)

- ☐ I have filed my 2024 taxes
 - Submit 2024 [IRS tax return transcript](#) or signed 2024 tax return
- ☐ I did not earn any income in 2024.
 - I certify that I did not and was not required to file a 2024 tax return
- ☐ I did earn income from work in 2024 but was not required to file a 2024 tax return.
 - I certify that I did not and was not required to file a 2024 tax return
 - Submit all of your 2024 [W-2 form\(s\)](#) and 1099 MISC. form(s)
 - List in step D the names of all employers and the amount earned from each employer in 2024

D. Earned Wages Income Information

Complete only if you earned income but did not file in 2024. List every employer below. If more space is needed, attached a separate page.

Employer Name	Student Earned Wages	Parent 1 Earned Wages	Parent 2 Earned Wages



E. Agreement and Understanding *(Please read carefully before signing.)*

By signing this form, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. If you purposely give false or misleading information on your FAFSA or on this form, you may be fined, sentenced to jail, or both (20 U.S. Code § 1097) and may face disciplinary action at Hocking College.

Important: Review this form before signing to confirm all fields have been completed. If a situation does not apply to you, enter 0 or N/A. Incomplete forms will not be processed and will be shredded for security purposes.

Typed signatures cannot be accepted.

Student Signature:	Date:
Parent Signature:	Date: