

FAFSA/TAP Student Checklist: Information to Collect

To fill out the Free Application for Federal Student Aid (FAFSA), students require certain information from their parent(s). The FAFSA qualifies students for federal, state, and institutional aid. Once you and your parents gather the necessary information, you will be able to fill out the FAFSA as of October 1st. Reach out to your uAspire Advisor for more information!

PA	RENT(S):	ST
	Parent FSA ID and password* 2021 federal tax return (Form 1040 and any Schedules) and W-2 Forms 2021 NYS Tax return (Form IT-201 or IT-203)*	
	If filing the NYS Dream Act application & parent(s) live outside of NYS —out-of-state tax returns may be required Have there been income changes since 2021? (e.g., lost job, decreased work hours, death in family, divorce/separation, recent marriage)	
	Month and year parents were married, remarried, separated, divorced or widowed:/	
	Parent 1: Name Date of birth:/ Social security number*:	
	Parent 2: Name Date of birth:/ Social security number*:	
	Total current amount in checking and savings account(s):	b Employer dentification c Employer's name, add
	Amount of any child support received or paid: Net value of current stocks, bonds, mutual funds, 529 Plan: Net value of investment/rental property (including portions of the home you live in that are rented out): Untaxed privately funded disability benefits: Untaxed workers compensation: Veteran's non-education benefits:	E Contraction E Contract for the Contract for Contract f
	ease check if your family receives any of the following: SSI/Medicaid TANF SNAP WIC Free/Reduced Price Lunch	

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!	STUDENT:		
	☐ 2021 federal tax return (Fo	orm 1040 and any Sched	ules) and W-2 forms
	2021 NYS tax return (Form	n IT-201 or IT-203)*	
	Current amount in checking	g and savings account(s)	:
	☐ Your last name as it appea	ı rs on your social security	card:
	☐ Social security number* (B	se sure it is correct!)	
	☐ Green card/permanent res	sident number (if applica	ble)
	A#		
	☐ Amount of any child suppo	ort received or paid (if ap	plicable):
	 Untaxed privately funded 	disability benefits (if appl	icable):
	☐ FSA ID* (username and pa	assword) for you and hav	e parent (if applicable)
	bring theirs as well <u>or we</u>	cannot finish FAFSA	
	*May or may not b	e required for NYS Dream A	Act Application
	Sample W-2 Sar	nple Federal Tax Return	Sample NYS Tax Return

55555	a Employee's social security number	OMB No. 154	5-000					
gloyer identification number	DN .		* 1	Tages, Sps, other compensation	2 Federal Incom	e tax withheld	§1040	U.S. Indivi
ployer's name, address, and	ZIF code			Social security wages	4 Social security		Filing Status Check only one box.	Single B
				Medicare wages and tips	6 Medicare tax	URI NO	Your first name o	
			7	local security tips	B Alcouted top		Fjeint veture, sp	ouse's first name an
nini number			•	Verficetion code	90 Dependent ca	re benefits	Nome address in	number and street, i
ployee's first name and initio	Last name	5.4	11	ionqualified plans	12a		City, bown, or po	nei office. If you have
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ployer's address and ZIP coo					1			Your 🗌 Wordt
Employer's state ID nur		17 State incor	ne tax	18 Local wages, tipe, etc.	Uccal income tax	20 Louisy rans	Dependents If more than four dependents, see instructions and check here •	(see instructions) #8 First name
							Arraya	1 Wages, sale

one box.	If you checked the MFS box, enter to person is a child but not your depen	ne name of your spouse. If you dent			
Your first name	and endale initial	Last name			Your social security number
Fjoint neum, sp	ouse's first name and middle initial	Last name			Spouse's social security number
Nome address (number and street, if you have a P.O. box.	see refuctions.		Apt. no.	Presidential Election Company Check here if you, or your
City, bown, or po	nei office. If you have a foreign address, als	e complete spaces below.	Date	2F code	spouse if thing jointly, want \$3 to go to this fund. Checking a loss below will not change.
Foreign country	rane	Foreign province/of	starcounty	Foreign poster cod	
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	(see instructiona) (% First name Last name	(2) Torrisi ser number		location (4 V)	quarter for lase instructions:
than four dependents, see instructions and check					
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Attach Sch. G if required.	Wages, salaries, tips, etc. Atta Tan-exempt interest Day Uselfied dividends PA distributions Tan-exempt armidies	20	b Taxable int b Ordinary di b Taxable on b Taxable on	vidends	25 25 40

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Taxpayor's pone	arest home address (see					School-duries
City village, or po	at office	NY	2P rode	Decedent	Tanpaye's date of death joine	March Species's date of dealer
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Other Important information:

- ★ You may qualify for FREE assistance for filing your taxes. Visit https://growingupnyc.cityofnewyork.us/programs/nyc-free-tax-prep/ to find FREE tax sites that can help you and your family. It is highly recommended to E-file each year!
- ★ Please be sure that names are being reported exactly as they appear on social security cards (if applicable).
- ★ If your custodial parent is remarried, your stepparent's information must be reported on the FAFSA & NYS TAP Application

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