

Dependent/ Independent Student
Student Financial Aid Office



[Your school must review the requested information, under the financial aid program rules (CFR Title 34, Part 668)]

1. Complete and sign this worksheet. Please **do not leave any sections blank**.
2. Send the completed worksheet, tax forms, and other documents to the Student Financial Aid Office.
3. We will compare information on this worksheet and supporting documents with the information you submitted on your application and will make any corrections needed (if possible), or will contact you to make the corrections.

Phone Number

☐ **INDEPENDENT STUDENTS:** List the people that you (and your spouse) will provide support from July 1, 2026 through June 30, 2027. Include yourself, your spouse and your dependent children. Include other people only if they now live with you and you will provide more than half their support and will continue to provide more than half their support from July 1, 2026 through June 30, 2027.

☐ **DEPENDENT STUDENTS:** List the people that your parents will support from July 1, 2026 through June 30, 2027. Include yourself, your parents and your parent's other children if your parents provided more than half of their support or if the children were required to give parental information when applying for Federal Student Aid.

[illegible]

C. TAX FORMS AND INCOME INFORMATION

1. **FOR ALL TAX FILERS:** Please **CHECK BELOW** and attach a copy of the signed 2024 Federal Income Tax Return Transcript. Include any 2024 tax return from Puerto Rico or a foreign income tax return.

☐ Student ☐ Spouse ☐ Father ☐ Mother

2. **FOR ALL NON TAX FILERS:** CHECK individuals that **DID NOT FILE OR NOT REQUIRED** to file a 2024 Federal Income Tax Return.

A. I did work in 2024, but I am not required to file an income tax return.

☐ Student/Spouse ☐ Parent

- 1) Complete the table below listing all of your 2024 employers.
2) Submit a copy of every 2024 W-2 or 1099 received from these employers

NAME OF EMPLOYER	STUDENT	SPOUSE	FATHER	MOTHER
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

B. I did NOT work in 2024- I will not and am not required to file an income tax return.

☐ Student/Spouse ☐ Parent

D. SIGN THIS WORKSHEET

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. **IF DEPENDENT, ONE PARENT MUST SIGN.**

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined; be sentenced to jail, or both.

Student Signature Date

Parent Signature Date

Return this form and ALL other requested documentation to your local SWTX Campus.

SWTX UVALDE CAMPUS
2401 GARNER FIELD ROAD
UVALDE, TX 78801
830-591-7368

SWTX DEL RIO CAMPUS
207 WILDCAT DRIVE
DEL RIO, TX 78840
830-775-1579

SWTX EAGLE PASS CAMPUS
4003 HIGHWAY 227 SOUTHEAST
EAGLE PASS, TX 78852
830-758-4116