



# Office of Financial Aid & Scholarships 2026-2027 Verification for Tax Return Extension Filers

Student name (Last name, First name)	
A-State ID number	Cell phone number

Please print clearly the required information. Do not leave any blank items.

In addition to this form, please provide copies of the following documents:

- IRS Form 4868 and **Verification of Nonfiling Letter** from the IRS; dated after October 1, 2025.
- All 2024 W2s and 1099s
- Self-employed individuals, please provide the Estimated Adjusted Gross Income and U.S. Income Tax Paid for tax year 2024 below.

INCOME AND RESOURCE	PARENT(S) OR SPOUSE	STUDENT
<b>1. Wages (salaries, tips)</b> <i>Attach a copy of your 2024 W2s</i>	\$	\$
<b>2. Interest Income</b> <i>Attach copy of 1099 Forms</i>	\$	\$
<b>3. Dividend Income</b>	\$	\$
<b>4. Other taxable Income</b> <i>(Alimony, pensions, real estate/investment income, un-employment, royalties, trusts, etc.)</i>	\$	\$
<b>5. Nontaxable Income</b> <i>(Child support, Veteran's benefits, IRA/KEOGH plans)</i>	\$	\$
<b>6. Business Income</b> <i>(Self-employment, partnerships, S corporations, and farm income)</i>	\$	\$
<b>TOTAL INCOME</b>	\$	\$

Self Employed Tax Filers		
2024 Adjusted Gross Income	\$	\$
2024 U.S. Income Taxes Paid	\$	\$

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

<u>X</u>		<u>X</u>	
STUDENT SIGNATURE	DATE	PARENT SIGNATURE	DATE

Please complete and return to: A-State Office of Financial Aid & Scholarships  
Mail: P.O. Box 1620 State University, AR 72467 Fax: 870-972-2794 Email: [finaid@astate.edu](mailto:finaid@astate.edu)