

OFFICE OF FINANCIAL AID

P.O. Box 10 Peru, NE 68421 402-872-2228 | Fax: 402-872-2419 onestop@peru.edu

23-24 Income Verification - Parent

Pride • Excellence • Resilience • Unity

Student Name		NUID	
Cell Phone	Email Address		
You indicated on your 2023-2024 Complete this form ONLY if you You must file income tax returns i Visit www.irs.gov/publications/p5	(parents) have not filed and \underline{a} f you meet IRS requirements	re not REQUIRED to file a to file and provide us with y	2021 Federal Tax Return.
Check the box that applies:			
Parent was not employed a	and had no income earned from	m work in 2021.	
Provide the information for *Attach copies of all 2021 V	21. List every employer even the following tables. <u>Do not</u> V-2 forms for each parent lister	t leave any items blank or u	
1A. Name of Parent 1			,
Employer	oloyer's Name	2021 Amount	IRS W-2
		Earned	Provided *
			YES/NO
1B. Name of Parent 2			
Fmn	oloyer's Name	2021 Amount	IRS W-2
Emp	oloyer s rvanie	Earned	Provided *
		Danie	YES/NO
			YES/NO
			YES/NO
			YES/NO
If more space is neede	ed, provide a separate page with stu-	dent's name and NUID number a	
Signature: Signing this form cert	ifies that all the information re	eported on it is complete an	d correct.
Student Signature		Date	
		Date	
PLEASE RETURN TO: Peru State College			
WARNING: If you purposely give false or	misleading information on this works	sheet, you may be fined, be sentenc	ed to jail, or both.

For Office Use FA Form

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