The purpose of this form is to verify that the information reported on your 2023–2024 Free Application for Federal Student Aid (FAFSA) is correct and complete. To do so, we will compare your FAFSA with the information you provide on this worksheet, as well as any other documents requested in conjunction with this form. If differences are found, we will correct your FAFSA accordingly. Please complete this form in its entirety. Upon receipt of your completed form, you may be asked for supplemental information; which should be promptly provided to the Office of Financial Aid Services for processing.

A. Student Information			
Student's Full Name:	Moravian ID:		
Email Address:	Date of Birth:	Date of Birth:	
B. Confirmation of Student Tax Filing Status			
Please choose ONE of the following options that identifies your finance	cial circumstances in 2021:		
I was not employed, had no income earned from work (\$0), Along with your completed form, please obtain and submit an IRS			
<ul> <li>I was employed, had income earned from work, but was no Please provide the following information for each of your sources</li> <li>a copy of your employer-issued 2021 W-2 Form for each sot your employer. If unable to obtain a new copy, please reque Office in-person</li> <li>an IRS Confirmation of Non-filing on irs.gov or by visiting y</li> </ul>	s of income in 2021. Along with your complete urce listed below. If unable to locate a W-2 Fo est a 2021 IRS Wage & Income Transcript via	ed form, please submit the following: orm, please request a new copy from	
Employer Name	Earnings From Work	W-2 Form Attached?	
E.g.) Moravian University	E.g.) \$1,000	✓	
If additional room is needed, please provide this informtion on the back	k of this form or using a separate piece of pap	per.	
I was employed, had income earned from work, and was re Please provide a signed copy of your 2021 Federal Tax Return. N 2021 IRS Tax Return Transcript from the IRS via irs.gov or by vis	Note: If unable to locate a copy of your 2021 F		
C. Certification and Signature:			
By signing below, I hereby certify that the information reported on the false or misleading information on this form I may be fined, sent to prove the sent		stand that by purposefully giving	
Student Signature Required (no typed signature permitted)	-	RETURN TO THE OFFICE O FINANCIAL AID SERVICES Upload: Xmedius SendSecure (or) AMOS Financial Aid Portal	
 Date		"Documents & Messages"  Mail: 1200 Main Street	

Bethlehem, PA 18018

In-person: 1st floor Colonial Hall

Fax: (610) 861-1346