If you need assistance completing this form, please contact us at 817-272-3561.



## University of Texas at Arlington Office of Financial Aid

Office Use Only	

## 2024-2025 Verification of 2022 Income

for PARENT(S)

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555

Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu
PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

Indicate which of the following is true by checking the appropriate box and providing the required This parent FILED a 2022 income tax return:	parent: arent does not have an SSN, ITII ed information pertaining to the (non-US) income tax return: //her during the year, including h	e box checked:  sis/her earnings from
This parent's full printed name is:  Last 4 digits of this parent's	arent does not have an SSN, ITII ed information pertaining to the (non-US) income tax return: /her during the year, including h m to confirm his/her 2022 earn ic (US) or Foreign (Non-US) Income tic (US) □ Foreign (Non-US)	e box checked:  ais/her earnings from hings received.  W-2 or Equivalent  Attached  Attached
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\$ Dome  \$ Dome  \$ Dome  \$ Dome  \$ Dome  Check here if more space is needed and attach an additional sheet with the information for    Parent 1 above does not have a spouse AND is not living with the student'  The following information is for the student's   biological parent   stepparent   adoptive  This parent's full printed name is:  Last 4 digits of this parent's   SSN   ITIN   EIN:     This parent's parent's   This parent's parent's   This parent's parent's   This parent's parent's parent's   This parent's parent's   This parent   This pa	tic (US)	☐ Attached ☐ Attached
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Section 3 – Certification and Signat	stic (US)	
Each person signing below certifies that the information reported on this form is con	stic (US)	
Student's Handwritten Signature (required)  Date  Parent's Handwrit	stic (US)	