

Office of Financial Aid

220 Doberstein Admissions Center 320 N Dupont Highway New Castle, DE 19720

Fax: (302) 328-8905 Email: Finaid@wilmu.edu

2023-2024 Tax Filing Extension Verification

Student Information:				
			XXX-XX	W00
Last Name	First	M.I.	Last 4 Social Security No.	Student I.D.
Instructions:				
reported from the f will initially be awai month extension. <u>T</u> figures reported on	ederal income tax reduced based upon estine the information you set the FAFSA are reasonward to best reflectives.	eturn as part of this mated federal tax is submit must be for onable. If not, the F	process. By completing this form, y information due to having filed for a each person who filed an extension inancial Aid Office reserves the righ	fice is required to verify information you are requesting that financial aid an extension <u>BEYOND</u> the normal 6-n and document that the estimated at to update this information before mplete information will delay the
Stu	ident filed for an ext	ension		
Stu	ıdent's Spouse filed	for an extension	(Spouse Name:)
Pa	rent 1 of student file	d for an extension	(Parent 1 Name:)
Pa	rent 2 of student file	d for an extension	(Parent 2 Name:)
 □ Submit a copy of the 2021 IRS Form 4868, Application for Automatic Extension of Time to File U.S. Individual Tax □ A copy of the IRS's approval of an extension beyond the automatic 6-month extension □ Verification of Non-Filing Letter from the IRS dated 10-01-2021 or later. □ Submit a copy of your 2020 federal tax return transcript from the IRS, including ALL W-2s, 1099s, etc. □ Submit a copy of ALL W-2s for each source of income in 2021 for the person or persons filing an extension. I am self-employed. I certify that my estimated 2021 adjusted gross income will be \$				
AGREEMENT - PERSONS FILING FOR EXTENSION MUST INITIAL EACH STATEMENT				
copy of by the F (the FAC	my Tax Return Tran Financial Aid Office. O will request your fi	nscript from the IR	S for my information to be re-eva script (or an updated FAFSA), and v	Data Retrieval Tool OR to submit a aluated, and corrected if necessary, will hold all spring aid until it oner in order to re-evaluate the file.)
_	I agree to repay any funds that I am no longer eligible to receive as a result of any corrections required to be made to the FAFSA.			
I understand that a hold will be placed on future disbursements during the 2023-24 academic year until the FAFSA can be correctly updated to reflect actual 2021 federal income tax information. Failure to comply may result in future denials to utilize this option.				
	•		nformation is complete and corr nisleading information on this workshe	•
Student's Signat	ure	Date	Parent's Signature (Dependent Students C	Date