

Parent - Verification of Income Earned from Work for the Self-Employed Without W-2's

| | | |
|--|---|--|
| RETURN TO: Student Services Ctr. 250 Financial Aid and Scholarship Office Chico, CA 95929-0705 Phone: 530-898-6451 Fax: 530-898-6883 E-mail: finaid@csuchico.edu Web site: www.csuchico.edu/fa Facebook: www.facebook.com/ChicoStateFASO | Student Last Name: _____ Student First Name: _____ | |
| | Chico State ID: _____ Phone: _____ | |
| | E-mail: _____ | |
| | Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div> | |

I am self-employed. I do not have a 2015 W-2 or 1099 form to verify my earned income from work. I have indicated my earned income amount for the 2015 tax year below.

Indicate which parent is self-employed:

- ☐ Both Parents
 ☐ Parent #1 (Father, Step-Father, or Same-Sex Legal Parent) Only
☐ Parent #2 (Mother, Step-Father, or Same-Sex Legal Parent) Only

Parent #1 First Name: _____ Last Name: _____

Parent #2 First Name: _____ Last Name: _____

Earnings for 2015 (Include Wages, Salaries, Tips from 1040 line 7; Business income from 1040 line 12, and Farm income from 1040 line 18):

Parent #1 (Father, Step-Father, or Same-Sex Legal Parent): \$ _____

Parent #2 (Mother, Step-Mother, or Same-Sex Legal Parent): \$ _____

| |
|---------------------------------------|
| <i>Certification Statement</i> |
|---------------------------------------|

I hereby certify that all information on this statement is accurate and complete to the best of my knowledge. Each person whose information appears above MUST sign below (i.e., if Father's information is listed above, then he MUST sign).

Parent #1 Signature _____ **Date** _____

Parent #2 Signature _____ **Date** _____

**Fax to 530-898-6883. Faxed documents will show up as "received" within 72 hours on the Student Center "To Do List".
Documents submitted in-person or by mail will show as "received" within five weeks.**