



The Authority on Financial Aid

Procedimientos de solicitud de ayuda financiera para estudiantes seleccionados para verificación 2026-2027

Verificación: Un proceso en el que los estudiantes o los padres dan prueba de que la información reportada en la Solicitud Gratuita de Ayuda Federal para Estudiantes (FAFSA) es precisa.

Año fiscal 2024

Nota: Las copias personales de sus W-2 y las declaraciones de no declarante escritas a MANO ***NO se aceptan.***

✓ Aceptable	✓ 2 tipos aceptables																																						
TRANSCRIPCIÓN DE SALARIOS E INGRESOS DEL IRS DE 2024 Request Date: 10-18-2007 Response Date: 10-18-2007 Employee Number: 12345 Tracking Number: 100019 12345 SSN Provided: 123-45-6789 Tax Period Ending: 31 de diciembre de 2024 Form W-2 Wage and Tax Statement Employer: Employer Identification Number (EIN): 123456789 COMPANY NAME INC. 456 COMMERCIAL BLVD CITY ST 12345-6789 Employee: Employee's Social Security Number: 123-45-6789 FIRST M. LAST 765 MAIN ST CITY ST 09876-5432 Submission Type: ORIGINAL SUBMISSION <table border="1"><thead><tr><th>Wages, Tips and Other Compensation:</th><th>\$38,000.00</th></tr></thead><tbody><tr><td>Federal Income Tax Withheld:</td><td>\$3,555.00</td></tr><tr><td>Social Security Wages:</td><td>\$38,000.00</td></tr><tr><td>Social Security Tax Withheld:</td><td>\$2,356.00</td></tr><tr><td>Medicare Wages and Tips:</td><td>\$38,000.00</td></tr><tr><td>Medicare Tax Withheld:</td><td>\$551.00</td></tr><tr><td>Social Security Tips:</td><td>0.00</td></tr><tr><td>Allocated Tips:</td><td>0.00</td></tr><tr><td>Advanced EIC Payment:</td><td>0.00</td></tr><tr><td>Dependent Care Benefits:</td><td>0.00</td></tr><tr><td>Deferred Compensation:</td><td>0.00</td></tr><tr><td>Code "Q" Nontaxable Combat Pay:</td><td>0.00</td></tr><tr><td>Code "M" Employer Contributions to a Health Savings Account:</td><td>0.00</td></tr><tr><td>Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:</td><td>0.00</td></tr><tr><td>Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:</td><td>0.00</td></tr><tr><td>Code "R" Employer's Contribution to MSA:</td><td>0.00</td></tr><tr><td>Code "S" Employer's Contribution to Simple Account:</td><td>0.00</td></tr><tr><td>Code "T" Expenses Incurred for Qualified Adoptions:</td><td>0.00</td></tr><tr><td>Code "V" Income from exercise of non-statutory stock options:</td><td>0.00</td></tr></tbody></table> Third Party Sick Pay Indicator: Retirement Plan Indicator: Statutory Employee: Not Statutory Employee This Product Contains Sensitive Taxpayer Data	Wages, Tips and Other Compensation:	\$38,000.00	Federal Income Tax Withheld:	\$3,555.00	Social Security Wages:	\$38,000.00	Social Security Tax Withheld:	\$2,356.00	Medicare Wages and Tips:	\$38,000.00	Medicare Tax Withheld:	\$551.00	Social Security Tips:	0.00	Allocated Tips:	0.00	Advanced EIC Payment:	0.00	Dependent Care Benefits:	0.00	Deferred Compensation:	0.00	Code "Q" Nontaxable Combat Pay:	0.00	Code "M" Employer Contributions to a Health Savings Account:	0.00	Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	0.00	Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	0.00	Code "R" Employer's Contribution to MSA:	0.00	Code "S" Employer's Contribution to Simple Account:	0.00	Code "T" Expenses Incurred for Qualified Adoptions:	0.00	Code "V" Income from exercise of non-statutory stock options:	0.00	ESTADOS DE NO DECLARACIÓN DEL IRS de 2024 Request Date: 10-18-2007 Response Date: 10-18-2007 Tracking Number: 100019 12345 SSN Provided: 123-45-6789 Tax Period Ending: 31 de diciembre de 2024 Form Number: 1040 900 x 403 Internal Revenue Service United States Department of the Treasury THANK YOU FOR YOUR REQUEST 31 de diciembre de 2024
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