

Please complete in blue or black ink. Typed/electronic signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

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SPU.EDU/SFS

2023 - 2024 PARENT W-2 VERIFICATION FORM

STUDENT NAME:	SPU II	D:
		
We have found a discrepancy between U.S. Income Tax Return and what you complete the table below and attach co	listed on the Parent Incom	
Note: FAFSA applicants must submit tax informa	ation from <u>two</u> years prior—in thi	uis case, <u>2021</u> .
If you do not have a copy of a W-2, you should re or 1-800-829-1040). If you did not receive a W-2		
Please attach copies of all W-2 forms to this	document.	
Parent(s)' Name on W-2 (Box e on W-2)	Employer Name (Box c on W-2	2) W-2 Box 1 Amount
		\$
		\$
		\$
		\$
 A. Total W-2 Box 1 Amount (from table above B. Please enter amount of wages, salary and the if you filed (Line 1 of 1040). C. Difference (A – B) D. Your combined Total W-2 Box 1 Amount (A) number greater than +/- \$1.00, please check I/we did work and did receive a W-2 but of I/we did work in 2021 but did not receive 	ips reported on your <u>2021</u> tax re should equal tax return wages (a box and explain below: lid not file taxes for <u>2021</u> .	\$
Explanation/Source		Amount
		\$
		\$
By signing this verification statement, I attest that knowledge. If asked, I agree to submit documental WARNING: If you purposely give false or misleading	tion supporting the information pi	rovided on this form.
Parent Signature	Date Phone	Email