



2026-2027 INDEPENDENT Worksheet B (WKBS)

INSTRUCTIONS: Your 2026-2027 Free Application for Federal Student Aid (FAFSA) results indicate that you and/or your spouse (if married) included an amount for one or more of the item(s) below. In order to continue processing your 2026-2027 financial aid application, the reported amount(s) must be verified or corrected by completing the following information for calendar year **2024**. If amount is zero, enter "0" below.

A. STUDENT INFORMATION

Student Name: _____ **U ID Number:** _____

SSN (last four): XXX-XX-_____ **Phone Number:** _____

B. ADDITIONAL FINANCIAL AID INFORMATION TO BE VERIFIED

	2024 Totals Student/Spouse
1) Payments to tax-deferred pension and retirement savings plans (paid directly to or withheld from earnings), including, but not limited to amounts reported on the W-2 Form in Boxes 12a-12d, codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$ _____
2) IRA deductions and payments to self-employed SEP, SIMPLE, KEOGH and other qualified plans from IRS Form 1040 Schedule 1 (lines 16 + 20).	\$ _____
3) Child support received for any of your children. Don't include foster care or adoption payments.	\$ _____
4) Tax exempt interest income IRS Form 1040-line 2a.	\$ _____
5) Untaxed portions of IRA distributions and pensions from IRS Form 1040 (lines 4a + 5a) minus (lines 4b + 5b). Exclude rollovers. If negative, enter a zero here.	\$ _____
6) Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing/allowance.	\$ _____
7) Veterans non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation and/or VA Educational Work-Study allowances.	\$ _____
8) Other untaxed income not reported elsewhere, such as worker's compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 (line 13). Don't include student aid, welfare payments, foster care payments, Social Security benefits or SSI etc.	\$ _____
9) Money received, or paid on your behalf (e.g. bills)	\$ _____
2024 Grand Total	\$ _____

C. CERTIFICATION AND SIGNATURE

By signing this form, I hereby certify that all statements and information provided on this form are true, complete, and correct to the best of my knowledge and will provide proof if requested. I authorize University of Memphis officials to verify any information on this form by contacting any person/organization. I understand it is a crime and a violation of the University of Memphis Student Code of Conduct to purposefully give false or misleading information on this form, which may be subject to a fine, imprisonment, and University of Memphis sanctions.

Student Signature: _____ **Date:** _____

(TYPED SIGNATURES CANNOT BE ACCEPTED)