



DEPENDENT VERIFICATION WORKSHEET - V1 2026-2027

FEDERAL STUDENT AID PROGRAMS

SEND ALL PAPERWORK TO:

Southeast Technical College

Office of Financial Aid

2320 N Career Ave

Sioux Falls, SD 57107

Fax: 605-367-8305

Phone: 605-367-7867

Email: financialaid@southeasttech.edu

A. Student Information

Last Name	First Name	M.I.	Student ID# or Social Security Number
Address (include Apt No.)			Phone Number
City	State	Zip	Email

B. Please identify the people in your parents' household, include your self and your parent(s):

Number in Household on FAFSA: _____ Please list those people in this section.

- If your parent is remarried, include your stepparent.
- If your parents support other people and will continue to provide more than half of their support between July 1, 2026, and June 30, 2027 (such as their other children), include them in the household.
- If your parents' other children would be required to provide parental information when completing the FAFSA, include them in the household.

Name (First & Last)	Age	Relationship
		Student/Self

C. Please identify the people listed in the above household who will be attending college at least half-time between July 1, 2026, and June 30, 2027, and will be in a degree or certificate program.

Number in College on FAFSA: _____ Please list those people in this section.

Name	Name of College/Postsecondary School
Student/Self	Southeast Technical College

D. Refer to the enclosed sheet for detailed instructions regarding tax information requested, then complete and sign the back of this form.

E. Student: Did you file a 2024 U.S. Federal Tax Return?

IF YES:
Choose One

- ☐ I successfully used the Link to IRS tax information.
- ☐ Attached is a copy of my 2024 Federal tax return (signed) OR 2024 IRS Tax Return Transcript.
- ☐ I have ordered my 2024 IRS Tax Return Transcript and will submit it when it is received

IF NO:
Choose One

- ☐ I did not earn income during 2024 and I was not required to file a 2024 Federal Tax Return.
- ☐ I was not required to file a 2024 Federal Tax Return but did earn income during 2024. Attached are my 2024 W-2s OR my 2024 IRS Wage and Income Transcript.

NON-FILERS ONLY List the Names of ALL Employers	Enter the Amount Earned from each Employer in 2024	W-2 Attached? (circle one)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Parent(s): Did you file a 2024 U.S. Federal Tax Return?

IF YES:
Choose One

- ☐ I successfully used the Link to IRS tax information.
- ☐ Attached is a copy of my 2024 Federal tax return (signed) OR 2024 IRS Tax Return Transcript.
- ☐ I have ordered my 2024 IRS Tax Return Transcript and will submit it when it is received

IF NO:
Choose One

- ☐ I did not earn income during 2024 and I was not required to file a 2024 Federal Tax Return.
- ☐ I was not required to file a 2024 Federal Tax Return but did earn income during 2024. Attached are my 2024 W-2s OR my 2024 IRS Wage and Income Transcript.

NON-FILERS ONLY List the Names of ALL Employers	Enter the Amount Earned from each Employer in 2024	W-2 Attached? (circle one)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

G. Certification of signatures: SENDING WITHOUT SIGNATURES WILL DELAY THE FINANCIAL AID PROCESS.

By signing this worksheet, we certify that all information reported on this form to qualify for Federal aid is complete and correct.

Student _____ Date _____

Parent _____ Date _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.