

2023-2024 Verification of Combat Pay - Parent

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634 HTTPS://FINANCIALAIDPORTAL.APPS.CMICH.EDU VCPP 24

<u>Why have you received this form?</u> The tax filing status provided on your Free Application for Federal Student Aid (FAFSA) does not match your selected IRS tax filing status.

<u>When should this form be submitted</u>? Failure to complete and submit this form with all required documentation to the Office of Scholarships and Financial Aid within 21 business days may result in the cancellation of your federal financial aid.

Student Information		
Student Name (please print)	Campus ID Number	
Parent 1 Name (please print)	Parent 2 Name (please print)	
Parent(s) of Dependent Student Combat Pay Verification		
Combat Pay		Parent(s)
Did you or your spouse (if married) receive combat pay in 2021	?	Yes No
If you or your spouse (if married) received combat pay in 2021:		Total Dollar Amount
Indicate the dollar amount of combat pay received in 2021 that was i (AGI).	ncluded in your adjusted gross income	
Enter ONLY the portion that was included in your adjusted gross inc	ome.	
This should be zero for enlisted persons and warrant officers (including because their combat pay is entirely non-taxable. For commissioned of the highest enlisted person's pay (plus imminent danger/hostile firms)	officers generally, combat pay in excess	\$
See IRS Publication 3, Armed Forces' Tax Guide, for more information		
Certification and Signature		
SIGNATURE REQUIRED: I certify that the information I have provided on this form and on all documents is true and complete to the best of my knowledge. I understand that based on the documentation provided changes in my FAFSA financial information may occur and may result in a change in financial aid eligibility.		
Parent Signature (Only one parent signature is required)	Date	_