University of Dayton

**Parent W-2(s)**
2024-2025 Academic Year

## STUDENT INFORMATION

| First Name | Last Name | Middle | Student ID# |
|---|---|---|---|
| | | | |

## INSTRUCTIONS

Based on a review of your student's 2024-2025 FAFSA by the U.S. Department of Education, the University of Dayton is required to verify certain information from the FAFSA. Please use this form to upload electronic copies of all 2022 W-2 forms issued to you and your spouse (if applicable) by your employer(s). If your employer(s) did not issue a W-2, please provide the name(s) of your employer(s) and your 2022 earnings. If you or your spouse own a business or work independently and do not have a W-2, please attach a 2022 1099 or other proof of income.

You must complete this request before we can finalize and apply financial aid to your student's account. We encourage you to submit this form **within 30 days of receipt.**

**Failure to comply with this request can result in the loss of financial aid for the year.**

## PARENT(S) W-2(s)

**Please list the name(s) of your employer(s) and 2022 earnings.**

Employer Name _____ Amount earned _____

○ I received a 2022 W-2 from this employer ○ I did not receive a 2022 W-2 from this employer

Reason why the IRS Form W-2 is not available _____

Employer Name _____ Amount earned _____

○ I received a 2022 W-2 from this employer ○ I did not receive a 2022 W-2 from this employer

Reason why the IRS Form W-2 is not available _____

Employer Name _____ Amount earned _____

○ I received a 2022 W-2 from this employer ○ I did not receive a 2022 W-2 from this employer

Reason why the IRS Form W-2 is not available _____

Employer Name _____ Amount earned _____

○ I received a 2022 W-2 from this employer ○ I did not receive a 2022 W-2 from this employer

Reason why the IRS Form W-2 is not available _____

**Total Amount earned** _____

## SIGNATURE

I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if my student receives federal, state, or institutional aid based on incorrect information, their financial aid award may change.

**Parent Signature** _____ **Date** _____

**Office of Financial Aid - Flyer Student Services**
300 College Park Dayton, Ohio 45469-1605
TEL: 937-229-4141 FAX: 937-229-4338
**fss@udayton.edu**