

First Name

Date of Marriage: _____

- Attach a copy of your marriage license / certificate.

List the people in your (married) household. Include:

- Yourself and your spouse
- Your children, if you will provide more than half of their support from July 1, 2025 through June 30, 2026 and
- Other people if they now live with you, and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2025 through June 30, 2026.

List the names of all household members. Provide the name of the college for any household member who will be attending college at least half time between July 1, 2025 and June 30, 2026. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name Of College
		Self	Eastern Illinois University
		Spouse	

Check only one box below if you did not file 2023 taxes:

- F Check here if you did not earn wages in 2023
- F Check here if you earned wages in 2023 but were not required to file a 2023 U.S. Income Tax Return. If you checked the second box, **attach a copy of all of your 2023 W-2 forms.**

Check only one box below if your spouse did not file 2023 taxes:

- F Check here if your spouse did not earn wages in 2023
- F Check here if your spouse earned wages in 2023 but were not required to file a 2023 U.S. Income Tax Return. If your spouse checked the second box, **attach a copy of all of their 2023 W-2 forms.**

Check the boxes below only if you or your spouse filed 2023 taxes:

- F Check here if you filed a 2023 U.S. Tax Return.
- F Check here if your spouse filed a 2023 U.S. Tax Return.
- If you or your spouse filed a 2023 U.S. Tax Return, please submit ONE of the following for each taxpayer:
- a signed copy of your/your spouse's 2023 U.S. 1040 tax return **OR**
 - a copy of your/your spouse's Tax Return Transcript obtained from the IRS.

To obtain a Tax Return Transcript, go to <https://www.irs.gov/individuals/get-transcript> and follow the prompts for whichever method you prefer. Once you receive your Tax Return Transcript, please send a copy to our office.

First Name

b. Combined Amount in Savings Accounts: _____

DATE _____



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