

Parent # 2 name (please print)

Office of Financial Assistance
Phone:(508)793-7478 Fax: (508)793-8802
950 Main Street, Worcester MA 01610
Prospective Students Submit Through Clark Financial Aid Portal
Current Students Submit Through CUWeb

## 2025/2026 FOREIGN INCOME VERIFICATION FORM

Clark University Student			CU I.D. # C		
	(	Last, First, MI)			
<b>PARENT(S)</b> – In 2023 my spo	ouse/domestic pa	rtner and/or I (Check ap	plicable item(s) below)	:	
Filed taxes in a country of translation.)	other than the Uni	ited States. (Please atta	ch appropriate 2023 ta	x documentation and an English	
(eg: Jan.1, April 1, 20	, 2023 – Dec. 31, 2 024.)		s 2022 or 2024, use the	most recent tax year that ended b	oefore
Jointly	orSeparately				
statement from employer aWork for the United Nat	nd other income of its scurity number (SS	locumentation if availal subsidiaries. (Please att N) or Individual Taxpayo	ble.) ach 2023-year-end inc er Identification Numbe	r (ITIN) or Employer Identification	
Note. Do not convert currer		ounts in the original cui	· 	от аррисавіе.	
Maria	Parent 1	Nicon	Parent 2		
Name:		Name:			
Country:		Country:			
	Amount:	Currency:	Amount:	Currency:	
(+) Income from work/Salary (+) Investments/Interest Income (+) Business and/or Farm income					
(+) Rental/Passive Business Income					
(+) Otherincome					
(=) Gross Income Taxes Paid*					
la xe s r a lu					
*Report total of national		cial insurance tax. In	_		
Parent # 1 name (please print)		Signat	ure (typed name not acce	ptable signature) & Date	

Signature (typed name not acceptable signature) & Date