

(STSELF) Student – CCF Self-Employment Addendum

2024-2025

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____ USF ID: U _____

IMPORTANT:

- This form, along with any attachments, must be turned in to OFA no later than **June 28, 2025**.
- **If you turn in this form after January 31, 2025, you must also attach your 2024 tax transcript or tax return documents and all addendums.**
 - **Non-filers must attach their 2024 Wage and Income Transcript. Tax documents can be requested from IRS.gov.**
- Only copies of documents should be submitted. Keep any originals for your own records, as they cannot be returned.
- This form is only valid if turned in along with main SCCF (Student – Changes in Circumstances) form.

In order to determine your student's financial aid eligibility, you must provide additional tax and income information:

1. You must attach one of the following:
 - A copy of your 2023 tax transcript or tax return documents and all addendums **AND**
 - A copy of your 2024 1040-ES Estimated Tax Worksheet; **OR**
 - A copy of your Income & Expenses Report as printed from your tax software or from your tax preparer/accountant
2. Complete the following table:

2024 Projected Income Information	
Income Description	Amount in Whole Dollars (USD)
Income	
Adjusted Gross Income	
Taxes Paid	

Check here if your business closed and indicate closure date: _____

Attach the following:

- A copy of your business's dissolution paperwork

Part 2: Student Certification:

I affirm that:

- All the information provided in this request is true and accurate to the best of my knowledge.
- The penalty for giving false information may include repaying any funds received.
- Turning in this form does not guarantee the request will be approved.
- Any decision based on this request cannot be appealed to the Department of Education.
- Signatures must be either a wet signature (in ink) or via DocuSign.
 - Electronically generated signatures such as those from tablets are not acceptable.

Student (Required) _____ / /

Spouse (Required) _____ / /

Print Name

Signature

Date

2024-2025