

2023 - 2024 Independent Verification Worksheet (PIVW24)

Your application for Federal Financial Aid was selected for review in a process called "Verification." In this process, your school may request documentation regarding your applicable tax filing status, 2021 W-2 forms, and other financial documents. Federal law (34 CFR, Part 668) requires schools to review this information and provides the school with the right to ask for this information before awarding Federal aid. If there are differences between your application information and your financial documents, the school must make corrections electronically using your Student Aid Report (SAR). **DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

Please note the IRS Tax Transcript is only needed if you did not transfer your 2021 income directly from the IRS to your FAFSA.

A. Independent Student's Information

Last Name	First Name	M.I.	ETSU E-NUMBER
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B. Independent Student's Number of Household Members and Number in College

Complete each column below with the name, age and relationship of each person that can be included in the household size, as defined below:

- **Yourself**
- **Your spouse**
- **Student's or spouse's children;** if will provide more than half of their support from July 1, 2023 through June 30, 2024
- **Other people;** if they now live with you, AND you provide more than half of their support AND will continue to provide more than half of their support from July 1, 2023 through June 30, 2024. **You may be required to provide proof of support for these individuals.**

Full Name	Age	Relationship	Is the household member attending at least halftime in a degree, diploma or certificate program at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024? If yes, list the name of the college.
		Self	No <input type="checkbox"/> Yes <input type="checkbox"/> ETSU Gatton College of Pharmacy.
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>

Failure to complete every section of this form will result in a delayed financial aid package

C. Student Tax/Income Information

Did you file a Federal Income Tax Return for 2021? Yes No

1. If you answered YES, check the box that applies:

- I **have used** the IRS Data Retrieval Tool (DRT) to transfer my 2021 IRS information to my FAFSA.
- I **have not yet used** the IRS DRT, but will use the tool to transfer 2021 IRS income information to my FAFSA.
- I am **unable or choose not to** use the IRS DRT, and I will submit my 2021 IRS Tax Return Transcript.

2. If you answered NO, but worked in 2021, **attach all copies of 2021 W-2 forms** and complete the table listed below:

Student Income Source or Employer (If none, indicate N/A)	2021 Amount Earned (If none, indicate \$0)	W-2 Provided? If no, please explain.
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

D. Spouse Tax/Income Information (if married)

Did your spouse file a Federal Income Tax Return for 2021? Yes No

1. If you answered YES, check the box that applies:

- I **have used** the IRS Data Retrieval Tool (DRT) to transfer my 2021 IRS information to my FAFSA.
- I **have not yet used** the IRS DRT, but will use the tool to transfer 2021 IRS income information to the FAFSA.
- I am **unable or choose not to** use the IRS DRT, and I will submit my 2021 IRS Tax Return Transcript.

2. If you answered NO, but worked in 2021, **attach all copies of 2021 W-2 forms** and complete the table listed below:

Spouse Income Source or Employer (If none, indicate N/A)	2021 Amount Earned (If none, indicate \$0)	W-2 Provided? If no, please explain.
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

E. Certifications and Signatures.

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. Student signature is required. Spouse signature is optional. **(Signatures must be legible. Initials are not acceptable as signatures.)** **WARNING: If you purposely provide false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature (Required) Date

Spouse Signature (Optional) Date

To submit the completed form: In person: Office of Financial Aid, Building 7 – Room 216; Mail: Office of Financial Aid, Gatton College of Pharmacy - ETSU, P.O. 70414, Johnson City, TN 37614; Fax: (423) 439-6320