

2024 - 2025 Independent Verification Worksheet (PIVW25)

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, 2022 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 2022 income directly from the IRS to your FAFSA.

A. Independent Student's Information

Last Name

First Name

M.I.

ETSU E-NUMBER

B. Independent Student's Family Size 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, if married**
- **Student's or spouse's children;** if you will provide more than half of their support from July 1, 2024 through June 30, 2025. **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, 2024 through June 30, 2025. **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, 2024 and June 30, 2025 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

Student's Name: _____ ETSU E-Number: E _____

C. Student Tax/Income Information

Did you file a Federal Income Tax Return for 2022? ☐ Yes ☐ No

1. If you answered YES, check the boxes that apply:

- ☐ I provided consent on the FAFSA to transfer 2022 Federal Tax Information (FTI) through Direct Data Exchange.
- ☐ I am unable to use the Direct Data Exchange and will provide the institution with a 2022 IRS Tax Return Transcript(s) or a signed copy of the 2022 income tax return and Schedules 1, 2, 3, C and/or F, if filed.

2. If you answered NO, but worked in 2022, attach all copies of 2022 W-2 forms and complete the table listed below:

Student Income Source or Employer (If none, indicate N/A)	2022 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 2022? ☐ Yes ☐ No

1. If you answered YES, check the boxes that apply:

- ☐ I provided consent on the FAFSA to transfer 2022 Federal Tax Information (FTI) through Direct Data Exchange.
- ☐ I am unable to use the Direct Data Exchange and will provide the institution with a 2022 IRS Tax Return Transcript(s) or a signed copy of the 2022 income tax return and Schedules 1, 2, 3, C and/or F, if filed.

2. If you answered NO, but worked in 2022, attach all copies of 2022 W-2 forms and complete the table listed below:

Spouse Income Source or Employer (If none, indicate N/A)	2022 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