

**Last Name:** 

**First Name:** 

Amt: \$

Elizabethtown College Financial Aid Office One Alpha Drive Elizabethtown, PA 17022 717-361-1404 finaid@etown.edu

**Student ID:** 

 $\square$ **NO.** I did NOT earn any income from wages in 2015.

Your 2016–2017 Free Application for Federal Student Aid (FAFS) law says that before awarding Federal Student Aid, we may ask yo verify that you provided correct information, we will compare you document and with any other required documents. If there are different You and a parent whose information was reported on the FAFSA reattach any required documents, and submit the form and other required you have questions about verification, contact us as soon as possible.	to to confirm the information you reported on your FAFSA. To r FAFSA with the information on this institutional verification between the prences, your FAFSA information may need to be corrected. The prences are supported by the prences of the pre
A) Tax and Income Information	
<u>STUDENT</u>	PARENT(s)
(You MUST check one box below and provide copies of all W-2 forms)	(You MUST check one box below and provide copies of all W-2 forms)
Did you file a 2015 Federal Income Tax Return?	Did you file a 2015 Federal Income Tax Return?
□ <b>YES</b> . I used the IRS Data Retrieval Tool to transfer my 2015 ncome information to the FAFSA.	☐ <b>YES.</b> I used the IRS Data Retrieval Tool to transfer my 2015 income information to the FAFSA.
☐ <b>YES.</b> I have enclosed a copy of my 2015 IRS Tax Return Franscript. (See instructions below this box)	☐ YES. I have enclosed a copy of my 2015 IRS Tax Return Transcript. (See instructions below this box)
□ NO. I did not file a 2015 Federal Income Tax Return. I have isted the sources and amounts of any earned income received in 2015. List every employer even if the employer did not issue an RS W-2 form.	□NO. I did not file a 2015 Federal Income Tax Return. I have listed the sources and amounts of any earned income received in 2015. List every employer even if the employer did not issue an IRS W-2 form.
Employer: Amt: \$	Employer: Amt: \$

#### **IRS Data Retrieval Tool:**

The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of the FAFSA on the web at <a href="https://www.FAFSA.gov">www.FAFSA.gov</a>. If you wish to utilize the IRS DRT log into your most recent FAFSA transaction, and navigate to the "Student and Parent Financial" sections.

Employer:

#### **How to obtain a Tax Return Transcript:**

 $\square$ **NO.** I did NOT earn any income from wages in 2015.

To obtain a 2015 IRS Tax Return Transcript, go to <a href="www.irs.gov/transcript">www.irs.gov/transcript</a>. Make sure to request the "IRS Tax Return Transcript" and not the "IRS Tax Account Transcript". Use the Social Security Number (or the IRS individual taxpayer number) and the date of birth of the first person listed on the 2015 IRS income tax return, and the address on file with the IRS (normally this will be the address used on the 2015 IRS income tax return). If the parents filed separate 2015 IRS Income Tax Returns, 2015 IRS Tax Return Transcripts must be provided for both.

## B) Verification of Other Untaxed Income for 2015

Complete sections 1-6 below. If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested. Answer each question below as it applies to the student and the student's parent (s) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

## 1) Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

## 2) Child support received

List the actual amount of any child support received in 2015 for the children in your household. <u>DO NOT INCLUDE</u> foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	AGE of Child	Amount of Child Support Received in 2015

## 3) Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received. <u>DO NOT INCLUDE</u> the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

<sup>\*</sup> If more space is needed, provide a separate page with the student's name and ID number at the top.

#### 4) Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. <u>DO NOT INCLUDE</u> federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, and Post-9/11 GI Bill.

Name of Recipient	Type of Veterans	Amount of Benefit
	Non-education Benefit	Received in 2015

## 5) Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. <u>DO NOT INCLUDE</u> any items reported or excluded in 1-4 above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	<b>Type of Other Untaxed Income</b>	Amount of Other Untaxed Income Received in 2015

#### 6) Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2016–2017 FAFSA. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source

# C) Food Stamps (You MUST check one)

Child Support	Did your parent(s) or a member	er of their ho	usehold re	ceive S	NAP (Food S	tamps) in 2014 (	or 2015?	
Complete the grid below for all of your family members who live in your household and are listed on your FAFSA. Always incoverself and your parent (s) or stepparent (s). Include siblings or other relatives (a) who live with you; (b) receive more than of their support from your parents; and (c) who will continue to receive that support between July 1, 2016 and June 30, 2017. Lischools and colleges which any household member, excluding the parents, will attend at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution anytime between July 1, 2016 and June 30, 2017.  Full Name  Age  Relationship  School/College in 2016-2017  Full Name  Age  Relationship  SELF  ELIZABETHTOWN COLLEGE  *If more space is needed, attach a separate page with the student's name and ID at the top  E) Child Support Paid  Complete this section only if your parent (s) paid child support during 2015 to another household.  Name of Person who Paid  Child Support was Paid  Name of Child for Whom  Child Support Was Paid  Child Support Was Paid  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top	Supplemental Nutrition Assistance	Program or SN.	AP (formerly	y known	as Food Stamp	Program) someting	ne during 20	014 or 2015.
Complete the grid below for all of your family members who live in your household and are listed on your FAFSA. Always inc yourself and your parent (s) or stepparent (s). Include siblings or other relatives (a) who live with you; (b) receive more than of their support from your parents; and (c) who will continue to receive that support between July 1, 2016 and June 30, 2017. Lis schools and colleges which any household member, excluding the parents, will attend at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution anytime between July 1, 2016 and June 30, 2017.  Full Name  Age  Relationship  Relationship  Relationship  Relationship  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *In many of Person who Paid Child Support Was Paid  Child Support Was Paid  Child Support Was Paid  Child Support Was Paid  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top  *If more space is needed, attach a separate page with the student's name and ID at the top	$\square$ <b>NO</b> . The parent(s) or any member	er of their house	ehold did no	t receive	SNAP (Food S	Stamps) in 2014 or	2015.	
your self and your parent (s) or stepparent (s). Include siblings or other relatives (a) who live with you; (b) receive more than of their support from your parents; and (c) who will continue to receive that support between July 1, 2016 and June 30, 2017. List of their support between July 1, 2016 and June 30, 2017.    School/Colleges which any household member, excluding the parents, will attend at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution anytime between July 1, 2016 and June 30, 2017.    Full Name	D) Family Information							
Full Name	yourself and your parent (s) or sto of their support from your parents; a schools and colleges which any hou	epparent (s). I and (c) who wil sehold member	nclude sibling to continue to	ngs or ot receive the pare	her relatives (a) that support be nts, will attend	) who live with you etween July 1, 2010 at least half time, i	a; (b) receive 6 and June 3 n a degree,	e more than half 80, 2017. List the
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	Student Signature					Date		
Custodial Parent Signature Date	Custodial Parent Signature					Date		

Please return completed forms to the Financial Aid Office.