



### A. Independent Student's Information

[illegible]

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### C. Independent Student's Income Information to Be Verified

1. TAX RETURN FILERS—**Important Note:** If you (or your spouse, if married) filed, or will file, an amended 2014 IRS tax return, you must contact your financial aid administrator before completing this section.

**Instructions:** Complete this section if you, the student, filed or will file a 2014 income tax return with the IRS. *The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If you have not already used the tool, go to [FAFSA.gov](http://FAFSA.gov), log in to your FAFSA record, select "Make FAFSA Corrections," and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information into your FAFSA. It takes up to two weeks for IRS income information to be available for the IRS Data Retrieval Tool for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers. If you need more information about when, or how to use the IRS Data Retrieval Tool see your financial aid administrator.*

**Check the box that applies:**

- ☐ I, the student, have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer my (and, if married, my spouse's) 2014 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. *Harvard Medical School will use the IRS information that was transferred in the verification process.*
- ☐ I, the student, have not yet used the IRS Data Retrieval Tool, but I will use the tool to transfer my (and, if married, my spouse's) 2014 IRS income information into my FAFSA once I have filed my 2014 IRS tax return. *See instructions above for information on how to use the IRS Data Retrieval Tool. Harvard Medical School cannot complete the verification process until your (and, if married, your spouse's) IRS information has been transferred into your FAFSA.*
- ☐ I, the student, am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web, and I will submit to Harvard Medical School **2014 IRS tax return transcript(s)**—not photocopies of the income tax return. *To obtain an IRS tax return transcript, go to [www.irs.gov](http://www.irs.gov) and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript." You will need your Social Security Number, date of birth, and the address on file with the IRS (normally this will be the address used when your 2014 IRS tax return was filed). It takes up to two weeks for IRS income information to be available for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers. If you are married and you and your spouse filed separate 2014 tax returns, you must submit tax return transcripts for both you and your spouse.*
- ☐ *Check here if an IRS tax return transcript(s) is attached to this worksheet.*
- ☐ *Check here if IRS tax return transcript(s) will be submitted to Harvard Medical School later. Verification cannot be completed until the IRS tax return transcript(s) has been submitted.*

2. TAX RETURN NONFILERS—Complete this section if you, the student (and, if married, your spouse), will not file and are not required to file a 2014 income tax return with the IRS.

**Check the box that applies:**

- ☐ The student (and, if married, the student's spouse) was not employed and had no income earned from work in 2014.
- ☐ The student (and/or the student's spouse if married) was employed in 2014 and has listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is attached. Attach copies of all 2014 W-2 forms issued to you (and, if married, to your spouse) by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and SSN at the top.*

Employer's Name	2014 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	\$2,000.00	Yes

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**D. Independent Student's Other Information to Be Verified**

1. Complete this section if someone in the student's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2013 or 2014 calendar years.

☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2013 or 2014. If asked by Harvard Medical School, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

2. Complete this section if you or your spouse, if married, paid child support in 2014.

☐ Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2014. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by Harvard Medical School, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes your name and Social Security Number at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

**E. Certification and Signature**

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

*Submit this worksheet to:  
HMS Financial Aid Office  
25 Shattuck Street, Rm. 211  
Boston, MA 02115*

*You should make a copy of this worksheet for your records.*