



2017-2018 Health Professions Verification Form

STUDENT NAME: _____ OSU ID: _____

PARENT INFORMATION

Number of Household Members: Please list below the people in the parent's household.

Include:

- The parent(s) (including a stepparent), even if the student does not live with the parent(s).
The parents' other children if the parent(s) will provide more than half of the child's support from July 1, 2017 through June 30, 2018, or if the child would be required to provide parental information on the FAFSA for 2017-2018.
Other people if they now live with the parent(s) and the parent(s) provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2018.

Number in College: Include in the chart below the name of the college for any household member(s) (excluding parents) who will be enrolled at least half-time in a degree, diploma or certificate program at an eligible postsecondary educational institution any time between July 1, 2017 - June 30, 2018.

Table with 5 columns: Full Name of ALL Household Members, Date of Birth, Relationship to Student, College Name, and Enrolled at Least Half-Time (Check Y or N). Rows 1-4.

If more space is needed, attach a separate page with the student's name and OSU ID number.

PARENT TAX INFORMATION

- I filed a 2015 federal tax return.
I used IRS data retrieval. Note: If not previously used, the IRS Data Retrieval Tool is no longer available for the 2017-2018 FAFSA.
I did not use IRS data retrieval and am attaching a copy of my 2015 IRS tax transcript.*
I completed the Health Professions Verification Form last academic year and my 2015 tax information is on file at the institution.
If you did not use the IRS Data Retrieval tool, you must provide an IRS tax return transcript. To get an IRS tax return transcript, go to https://www.irs.gov/Individuals/Get-Transcript.

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264
Questions: Contact your professional Financial Aid Advisor.



2017-2018 Health Professions Verification Form

Parent Non -Tax Filer INFORMATION

This section should only be completed by parents who did not file a 2015 tax return and were not required to do so. The IRS filing requirements can be found at https://www.irs.gov/pub/irs-pdf/p17.pdf.

Please check the box which applies to you:

- Two checkboxes: 1. The parent(s) did not complete a 2015 Federal Income Tax Return and had no income earned from work in 2015. 2. The parent(s) did not complete a 2015 Federal Income Tax Return but did have earnings in 2015 and have listed the names of all employers, the amount earned and whether a W-2 was provided.

If you were not required to file a return but worked during 2015, list all employers and amounts earned below.

Table with 4 columns: 2015 Income, Employer Name, IRS W-2 Provided?, Wages. Rows for Parent One and Parent Two, each with two sub-rows.

*You must submit all copies of your W-2s and 1099s with this form.

PARENT CHECKLIST

Please verify the following steps have been completed before submitting:

- Three checkboxes: 1. I have included parent(s) tax information either by utilizing the IRS Data Retrieval tool or by submitting signed copies of the tax transcript(s). 2. If I am a non-tax filer, I have included all copies of my W2s & 1099s. 3. All sections of this form are completed fully and there are no blank fields.

PARENT SIGNATURE

By signing you are certifying that all the information reported on this form is complete and correct.

PLEASE DO NOT SIGN ELECTRONICALLY.

Parent Signature

Date

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STUDENT INFORMATION

Number of Household Members: Please list below the people in your household.

Include:

- Yourself
• Your spouse (if you are married)
• Your children if you will provide more than half of their support from July 1, 2017 through June 30, 2018
• 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 through June 30, 2018.

Number in College: Include in the chart below the name of the college for any household member(s) who will be enrolled at least half-time in a degree, diploma or certificate program at an eligible postsecondary educational institution any time between July 1, 2017 - June 30, 2018.

Table with 5 columns: Full Name of ALL Household Members, Date of Birth, Relationship to Student, College Name, and Enrolled at Least Half-Time (Check Y or N). Rows 1-4 are shown, with the first row pre-filled with 'Student' in the relationship column.

If more space is needed, attach a separate page with the student's name and OSU ID number.

STUDENT TAX INFORMATION

- I filed a 2015 federal tax return.
□ I used IRS data retrieval. Note: If not previously used, the IRS Data Retrieval Tool is no longer available for the 2017-2018 FAFSA.
□ I did not use IRS data retrieval and am attaching my 2015 IRS tax transcript.*
□ I completed the Health Professions Verification Form last academic year and my 2015 tax information is on file at the institution.
□ If you did not use the IRS Data Retrieval tool, you must provide an IRS tax return transcript. To get an IRS tax return transcript, go to https://www.irs.gov/Individuals/Get-Transcript.

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STUDENT NON-TAX FILER INFORMATION

This section should only be completed by individuals who did not file a 2015 tax return and were not required to do so. The IRS filing requirements can be found at <https://www.irs.gov/pub/irs-pdf/p17.pdf>.

Please check the box which applies to you:

- The student and/or spouse did not complete a 2015 Federal Income Tax Return and had no income earned from work in 2015.
- The student and/or spouse did not complete a 2015 Federal Income Tax Return but did have earnings in 2015 and have listed below the names of all employers, the amount earned and whether a W-2 was provided. On the chart below, list all employers even if an IRS W-2 was not issued.

If you were not required to file a return but worked during 2015, list all employers and amounts earned below.

2015 Income	Employer Name	IRS W-2 Provided?		Wages <i>(Box 1 on Form W-2. If a W-2 was not issued, list all earnings from the job.)</i>
		Yes*	No	
Student		Yes*	No	\$
		Yes*	No	\$
Spouse		Yes*	No	\$
		Yes*	No	\$

* You must submit copies of your W-2s and 1099s with this form.

STUDENT CHECKLIST

Please verify the following steps have been completed before submitting:

- I have included tax information (for the spouse and student) either by utilizing the IRS Data Retrieval tool or by submitting tax transcript(s).
- If I am a non-tax filer, I have included all copies of my W2s and 1099s.
- All sections of this form are completed fully and there are no blank fields.

STUDENT SIGNATURE

By signing you are certifying that all the information reported on this form is complete and correct.

PLEASE DO NOT SIGN ELECTRONICALLY.

Student Signature

Date

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