

Verification of Other Untaxed Income for 2014 Dependent Students

Stud	ant	Inform	ation

tudent's Last Name	First Name	M.I.	T-Number	
treet Address (include a	apt. no.)		Date of Birth	
ity	State	Zip Code	Email Addres	s
tudent's Home Phone N	Number (include area code)	Student's Alte	ernate or Cell Phone Number
				O in an area where an <u>amount</u> is reque
nswer each question b			tudent's parent(s) whose informatio	
	Please attach a	copy of th	e 2014 Parent and Student	t W-2 to this form.
o determine the corre	ct annual amount for each	item: If you pa	id or received the same dollar amou	nt every month in 2014, multiply that a
				nt each month in 2014, add together th
mounts you paid or rec	eived each month. If more	e space is neede	ed, provide a separate page with the	student's name and ID number at the t
. Payments to tax-	deferred pension and re	etirement sav	ings	
	deferred pension and red			ngs plans (e.g., 401(k) or 403(b) plans),
List any payments (direct or withheld from ear	nings) to tax-d		
List any payments (direct or withheld from ear mited to, amounts reporte	nings) to tax-dod d on W-2 forms	eferred pension and retirement savi s in Boxes 12a through 12d with cod	
List any payments (direct or withheld from ear	nings) to tax-dod d on W-2 forms	eferred pension and retirement savi s in Boxes 12a through 12d with cod	es D, E, F, G, H, and S.
List any payments (direct or withheld from ear mited to, amounts reporte	nings) to tax-dod d on W-2 forms	eferred pension and retirement savi s in Boxes 12a through 12d with cod	es D, E, F, G, H, and S.
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Do not include 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 2014

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2014. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2014

E. 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.

Do not include any items reported or excluded in A – D 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	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2014

F. 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 2014. Include support from a parent whose information <u>was not</u> reported on the student's 2015–2016 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 2015–2016 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student or the student's parents</u>, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2014	Source

Your signature on this document confirms your acknowledgement of the following:

- The information reported is true and correct to the best of your knowledge.
- You have read each section and have provided the required documentation.

Student Signature:	Date:
Parent Signature:	Date:

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