



2017-18 DEPENDENT STUDENT VERIFICATION of OTHER UNTAXED 2015 INCOME

STUDENT INFORMATION:

Last Name	First Name	M.I.	SU Student ID
Street Address (include apartment number)			Student's Date of Birth
City	State	Zip Code	
Area Code & Phone # Where You Can Be Reached During the Day			

Student	2015 UNTAXED INCOME	Parent(s)
<i>Enter the 2015 12-Month, Annual Amount</i>	<u>Do not leave any item blank. If any item does not apply, enter "0."</u>	<i>Enter the 2015 12-Month, Annual Amount</i>
\$	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	\$
\$	Child support received for any of your parents' children. Don't include foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported in the items above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.
The student and one parent must sign and date below.

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 Signed
Parent's Signature	Parent's Name – Please Print	Date Signed