

Untaxed Income and Benefits Form

2019-20



Section A – Student Information

Student's Last Name _____ Student's First Name _____ M.I. _____ Student ID Number _____

Please write the amount received in **2017** for each of the items in the chart below. Please use **yearly totals**, not monthly amounts. **Do not leave anything blank.** If no income was received from the source listed, write "0".

Section B – Untaxed Income

	Student Enter an amount or \$0	Parent(s)/Spouse Enter an amount or \$0
Payment to a Tax-Deferred Pension or Savings Plan Including (but not limited to) amounts reported on the 2017 W-2 Form in boxes 12a-12d. Only report codes: D E F G H and S. (circle all that apply) <i>If the amount reported is more than \$0, you must submit a copy of your W-2 with this form.</i>	\$	\$
Child Support Received Include child support received during 2017 due to a divorce, separation or legal requirement. DO NOT include foster care or adoption payments.	\$	\$
Tax Exempt Income Include amounts from 2017 IRS Form 1040—line 8b or 1040A—line 8b.	\$	\$
Untaxed Portions of IRA Distributions Include amounts from 2017 IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter \$0.	\$	\$
Untaxed Portions of Pensions Include amounts from 2017 IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter \$0.	\$	\$
Housing, Food or Other Living Allowance Paid to Members of the Military or Clergy Include cash payments and cash value of benefits received in 2017. DO NOT include contributions made to your place of worship. DO NOT include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veterans' Non-Education Benefits Include 2017 Disability, Death Pension or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. (circle all that apply)	\$	\$
Money Received or Paid on Your Behalf (e.g. bills) Include money you received in 2017 from a parent or other person whose financial information is not reported on this form. Please list the person who provided this support: _____	\$	\$

Section C – Signatures

The verification process may take SEVERAL WEEKS and your federal financial aid will not be determined until the process is complete. Therefore, we suggest that you submit all information to our office **WITHIN 30 DAYS**. **If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned to the student for completion, thereby delaying the processing of your financial aid.** Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____

Date ____/____/____

Parent's Signature (if student is dependent) _____

Date ____/____/____

Forms can be submitted ONE of the following ways:

Mail to: Enrollment Services/Financial Aid • NDSCS • 800 6th St N • Wahpeton, ND 58076

Drop off at: 101 Haverty Hall (Wahpeton) OR 183G (NDSCS-Fargo)

Contact Us: 1-800-342-4325 or 701-671-2207