ForsythTech Community College

Student Financial Services
2019-2020 Verification of 2017 Untaxed Income

Please complete in black ink.

Name: _____ Student ID #:_____

To determine the correct annual amount for each item: If the dollar amount was the same every month in 2017, multiply that amount by the number of months in 2017 that apply. If you did not receive the same amount each month in 2017, add together the amounts for each month.

Untaxed Income - Calendar Year 2017 **Do not leave blanks. Enter amount, 0 or N/A, as appropriate.**	**Student/ Spouse**	**Parent(s)/ Stepparent**
Payments to tax-deferred pension and retirement plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, with Codes D, E, F, G, H, and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits).	$	$
Child support received for all children. **Don't include** foster care, adoption payments or any amount that was court-ordered but not actually paid.	$	$
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 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. **Do not include** federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.	$	$
Other untaxed income not reported above, such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **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 income exclusion or credit for federal tax on special fuels.	$	$
Money received, or paid on your behalf (e.g., payment of bills), not reported elsewhere on this form. Enter the total amount of cash support received in 2017. Include support from a parent whose information **was not** reported on the student's 2019-2020 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 2019-2020 FAFSA.** Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, etc.	$	$

Sign this Worksheet (REQUIRED)

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. One parent must sign for dependent students. Warning: If you purposely give false information on this worksheet, you may be fined, sentenced to jail, or both.

_____ _____ _____ _____

Student's Signature **Date** **Parent's Signature (Dependent students only)** **Date**