

2016-17 Dependent Untaxed Income Verification Worksheet

Student: _____

Broome ID: _____

Please do not leave any boxes blank. Mark any items that do not apply as N/A or \$0. Report annual amounts received.

2015 Amounts	Student	Parent
1. Payments to tax-deferred pension and retirement savings <ul style="list-style-type: none"> • Paid directly or withheld from earnings • Include amounts reported on W2 forms, Boxes 12a through 12d, codes D, E, F, G, H, and S. Do NOT include amounts with code DD 	\$	\$
2. Child support received	\$	\$
3. Housing, food, and other living allowances paid to you as members of military, clergy and others. <ul style="list-style-type: none"> • Includes cash payments and cash value of benefits • Do NOT include value of on-base military housing or value of basic military housing allowance. 	\$	\$
4. Veterans non-education benefits <ul style="list-style-type: none"> • Includes Disability, Death Pension, DIC and VA Educational Work-Study 	\$	\$
5. Other Untaxed Income <i>Note: Please identify the sources and other details in the space below this table</i> <ul style="list-style-type: none"> • Include workers' compensation, disability, etc. • Include untaxed portions of health savings accounts (IRS Form 1040 line 25) • Include untaxed income earned from work and other miscellaneous sources 	\$	\$
6. Money Received from others, or paid on your behalf not reported elsewhere on this form. <i>Note: Please identify the sources and other details in the space below this table.</i> <ul style="list-style-type: none"> • Ex: Financial help for household bills, food, rent, cell phone, etc. • Money received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement 	\$	N/A
7. Other Additional Income sources for 2015 not listed anywhere above: <ul style="list-style-type: none"> • Unemployment Compensation • Social Security Benefits • TANF benefits received. 	\$	\$

In the space below, provide details regarding the additional income you listed in the above fields 5, 6 and/or 7 above.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Mail or Fax completed form to:
SUNY Broome Community College, Financial Aid Office, PO Box 1017, Binghamton, NY 13902
FAX: 607-778-5451

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.