



**Please return this form to:**  
 Wilmington College 937.382.6661  
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## 2018-2019 STUDENT UNTAXED INCOME VERIFICATION FORM

### SECTION A: STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

Your 2018–2019 FAFSA included reported amounts of untaxed income received during the 2016 calendar year (Jan. 1, 2016–Dec. 31, 2016). You must complete the following worksheet to verify the accuracy of this information. To help you complete this form, view the processed results of your 2018–2019 FAFSA online at **fafsa.gov** for reference.

Before our office can disburse any financial aid funds to your student account, we will need you to confirm that you have answered the question (referenced below) correctly.

**PLEASE NOTE:**

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

### SECTION B: UNTAXED INCOME VALIDATION

**INSTRUCTIONS:** PLEASE COMPLETE THE FOLLOWING CHART, LISTING ANY UNTAXED INCOME RECEIVED IN 2016. IF ANY OF THE ITEMS DO NOT APPLY TO YOU, PLEASE WRITE \$0. DO NOT LEAVE BLANKS.

**PAYMENTS TO TAX-DEFERRED PENSION & RETIREMENT SAVINGS PLANS** (PAID DIRECTLY OR WITHHELD FROM EARNINGS), INCLUDING BUT NOT LIMITED TO, AMOUNTS REPORTED ON THE W-2 FORM IN BOXES 12A THROUGH 12D, CODES D, E, F, G, H AND S.

*If reporting amount, attach copy of W-2 to this form.*

**IRA DEDUCTIONS & PAYMENTS TO SELF-EMPLOYED** SEP, SIMPLE & KEOGH AND OTHER QUALIFIED PLANS FROM IRS FORM 1040=TOTAL OF LINES 28 + 32 OR 1040A=LINE 17.

**CHILD SUPPORT RECEIVED FOR ALL CHILDREN.** DO NOT INCLUDE FOSTER CARE, ADOPTION PAYMENTS OR ANY COURT-ORDERED AMOUNT THAT WAS NOT ACTUALLY PAID.

*IF REPORTING AN AMOUNT, ATTACH A CHILD SUPPORT PAYMENT HISTORY REPORT FOR 2016 (JAN. 1 – DEC. 31, 2016).*

**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). IF NEGATIVE, ENTER ZERO. *IF ANY OF THIS AMOUNT IS A "ROLLOVER", ATTACH IRS FORM 1099-R.*

UNTAXED PORTIONS OF PENSIONS FROM IRS FORM 1040=LINES (16A MINUS 16B) OR 1040A=LINES (12A MINUS 12B). IF NEGATIVE, ENTER ZERO. IF ANY OF THIS AMOUNT IS A "ROLLOVER", ATTACH IRS FORM 1099-R.)

HOUSING, FOOD & OTHER LIVING ALLOWANCES PAID TO MEMBERS OF THE MILITARY, CLERGY, AND OTHERS (INCLUDING CASH PAYMENTS AND CASH VALUE OF BENEFITS). DO NOT INCLUDE THE VALUE OF ON-BASE MILITARY HOUSING OR THE VALUE OF A BASIC MILITARY ALLOWANCE FOR HOUSING.

VETERAN'S NON-EDUCATION BENEFITS SUCH AS DISABILITY, DEATH PENSION, OR DEPENDENCY & 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.

OTHER UNTAXED INCOME OR BENEFITS NOT REPORTED ELSEWHERE SUCH AS WORKER'S COMPENSATION, UNTAXED PORTIONS OF RAILROAD RETIREMENT BENEFITS, BLACK LUNG BENEFITS, DISABILITY, UNTAXED PORTIONS OF HEALTH SAVINGS ACCOUNTS FROM IRS FORM 1040=LINE 25. 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 INNOVATION AND OPPORTUNITY ACT EDUCATIONAL BENEFITS, 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 BEHALF (E.G. BILLS), NOT REPORTED ELSEWHERE ON THIS FORM**

INCLUDE SUPPORT FROM YOUR PARENT IF THAT PARENT'S INFORMATION WAS NOT REPORTED ON YOUR 2017-2018 FAFSA; FOR EXAMPLE, IF SOMEONE IS PAYING YOUR RENT OR UTILITIES BILLS FOR YOU OR GIVES YOU CASH, GIFT CARDS, ETC. DO NOT INCLUDE SUPPORT FROM YOUR PARENT WHOSE INFORMATION WAS REPORTED. ALSO INCLUDE ANY DISTRIBUTIONS YOU RECEIVED FROM A 529 PLAN OWNED BY SOMEONE OTHER THAN YOUR PARENTS, SUCH AS YOUR GRANDPARENTS, AUNTS, UNCLES, ETC.

**SECTION C: CERTIFICATION**

*By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_