

# 2022-2023 Verification Worksheet

## Untaxed Income Form



**Forms can be submitted to:**

- Mailing address: Lake Region State College ▪ Financial Aid Office
  - 1801 College Drive N ▪ Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 ▪ E-mail for questions: [merissa.halvorson@lrsc.edu](mailto:merissa.halvorson@lrsc.edu) ▪ Fax: 701-662-1666

**Student Information** — Please use student’s legal name, not nicknames

Last name	First name	M.I.	Student ID# or Last Four Digits of SSN
Current Address			Email Address
City	State	Zip Code	Date of Birth
Home Telephone Number			Cell Phone Number

Enter the amount received in **2020** for each of the items in the chart below. Use **yearly totals**, not monthly amounts. **Do not leave anything blank**; if no income was received from the source listed, enter “\$0”.

	Type of Income	Student Enter amount or \$0	Parent Enter amount or \$0
<b>FAFSA Questions 44 and 92</b>			
<i>Example: Veteran’s Non-Education Benefits</i>	<i>Disability</i>	<i>\$0</i>	<i>\$1500.00</i>
<b>Payment to a Tax-Deferred Pension &amp; Retirement Savings Plans</b> Include (but not limited to) amounts reported on the 2020 W-2 Form in boxes 12a-12d. Only include amounts associated with codes: D, E, F, G, H, and S. <u>Don’t include amounts in Code DD.</u> <i>If the amount listed is more than \$0, you must submit a copy of your W-2 with this form.</i>			
<b>IRA Deductions</b> Payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – Schedule 1 total of lines 15 + 19			
<b>Child Support Received</b> Include 2020 (January 1 – December 31) child support received because of a divorce, separation or legal requirement. <b>DO NOT</b> include foster care or adoption payments.			
<b>Tax Exempt Income</b> Include amounts from 2020 IRS Form 1040—line 2a			
<b>Untaxed Portions of IRA Distributions &amp; Pensions</b> Include amounts from 2020 IRS Form 1040— (lines 4a + 4c) minus (lines 4b +4d). <b>Exclude rollovers.</b> If negative, enter \$0.			
<b>Housing, Food, or Other Living Allowance Paid to Members of the Military or Clergy</b> Include cash payments and cash value of benefits received in 2020. <b>DO NOT</b> include contributions made to your place of worship. <b>DO NOT</b> include the value of on-base military housing or the value of a basic military allowance for housing.			
<b>Veterans’ Non-Education Benefits</b> Include 2020 Disability, Death Pension or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances (indicate all that apply).			
Page 2 – Additional Untaxed Income & Signatures			

FAFSA Questions 44 and 92 - continued	Type of Income	Student Enter Amount or \$0	Parent Enter Amount or \$0
<p><b>Other Untaxed Income Not Reported on the FAFSA</b>            Include workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 12. <b>Don't include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security Benefits, Supplemental Security Income, Workforce Innovation and Opportunity 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.</p>			
<p><b>Money Received or Paid on Your Behalf (e.g. bills)</b>            Include money you received in 2020 from a parent whose financial information is not reported and is not part of a legal child support agreement.</p>			<b>N/A</b>

**Do NOT make changes to the FAFSA while in the Verification process.**

To ensure timely processing of your aid, we ask that you submit this completed form to the above address **within 2 weeks**. Your financial aid will not be processed until the Verification process has been completed.

I certify the information 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. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

Revised 12/2021