

2019-2020 Verification Worksheet

Untaxed Income Form



Forms can be mailed/emailed or dropped off at:

- 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: doreen.hoffman@lrs.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 **2017** 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
FAFSA Questions 45 and 94			
<i>Example: Veteran’s Non-Education Benefits</i>	<i>Disability</i>	<i>\$0</i>	<i>\$1500.00</i>
Payment to a Tax-Deferred Pension or Retirement Savings Plan Include (but not limited to) amounts reported on the 2017 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> If the amount listed is more than \$0, you must submit a copy of your W-2 with this form.			
IRA Deductions Payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17			
Child Support Received Include 2017 (January 1 – December 31) child support received because of 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 (indicate all that apply).			
Page 2 – Additional Untaxed Income & Signatures			

FAFSA Questions 45 and 94 - continued	Type of Income	Student Enter Amount or \$0	Parent Enter Amount or \$0
<p>Other Untaxed Income Not Reported on the FAFSA Include workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. 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 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>Money Received or Paid on Your Behalf (e.g. bills) Include money you received in 2017 from a parent whose financial information is not reported and is not part of a legal child support agreement.</p>			N/A

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 12/2018