Independent Student Untaxed Income Verification 2018-2019

Student’s Name: ________________________________

Commodore ID: 000________________________ OR Last Four Digits of SSN: XXX-XX-_______

List amounts you the student and/or spouse received during the 2016 calendar year:

$ ________________________________ Social Security benefits received for all household members that were not taxed

$ ________________________________ Temporary Assistance for Needy Families (TANF) Do not include food stamps or subsidized housing

$ ________________________________ Child support received for any children. Do not include foster care or adoption payments

$ ________________________________ Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 Form in boxes 12a through 12d, codes D, E, F, G, H, and S.

$ ________________________________ Veterans’ non-education benefits such as disability, death pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational work-study allowances.

$ ________________________________ Housing, food and 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.

$ ________________________________ Any other untaxed income or benefits, such as workers’ compensation, disability, etc. Do not include money from student financial aid, earned income credit, additional child tax credit, welfare payments, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, on-base military housing or a military housing allowance, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.

$ ________________________________ TOTAL

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Student Signature/Date             Spouse Signature/Date