



2018-2019 VERIFICATION OF OTHER FINANCIAL INFORMATION & UNTAXED INCOME – PARENT

Complete form in blue or black ink

STEP 1: STUDENT'S INFORMATION

Student's Last Name Student's First Name Student's M.I. Student's Mt. SAC ID Number

STEP 2: PARENT(S) OTHER FINANCIAL INFORMATION

Leaving any line blank will delay processing of this form

PARENT(S) OTHER FINANCIAL INFORMATION FOR 2016	AMOUNT	None
Child support paid because of divorce or separation as a result of legal requirement. DO NOT include support for children in your household.	\$	<input type="checkbox"/>
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	<input type="checkbox"/>
Taxable college grant and scholarship aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	<input type="checkbox"/>
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. DO NOT include untaxed combat pay.	\$	<input type="checkbox"/>
Earnings from work under a cooperative education program offered by a college.	\$	<input type="checkbox"/>

STEP 3: PARENT(S) UNTAXED INCOME

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PARENT(S) UNTAXED INCOME FOR 2016	Amount	None
Payments to Tax-Deferred Pension and savings plans , including but not limited to, amounts reported on the W-2 boxes 12a through 12d, codes D, E, F, G, H and S (Submit W-2's)	\$	<input type="checkbox"/>
Child Support Received for all children. DO NOT include foster care or adoption payments.	\$	<input type="checkbox"/>
Living Allowance including housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits). DO NOT include the value of on-base military housing or basic military allowance for housing.	\$	<input type="checkbox"/>
Veteran's Non-Educational Benefits , such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	<input type="checkbox"/>
Other Untaxed Income not reported such as worker's compensation, disability, etc. Also, include the untaxed portions of health savings accounts from IRS 1040 line 25. DO NOT include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or 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. LIST SOURCE:	\$	<input type="checkbox"/>
Money Received or paid on your behalf (e.g. bills) not reported elsewhere on this form. LIST SOURCE:	\$	<input type="checkbox"/>

STEP 4: CERTIFICATION AND SIGNATURES

At least one parent must sign this form. By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____