



ASSUMPTION COLLEGE

WORCESTER, MASSACHUSETTS | ROME, ITALY

Office of Financial Aid
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2019-2020 UNTAXED INCOME CLARIFICATION

Student Name: _____

Student ID#: _____

The information you provided regarding your untaxed income & income exclusions on your 2019-2020 FAFSA requires clarification. Please complete this form to report untaxed income for the calendar year 2017.

Please enter "0" if the item does not apply.

	Student	Parent
Payments to tax-deferred pension and retirement savings. List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.	\$	\$
Child Support received for all children. Don't include foster or adoption payments.	\$	\$
Housing, food and other living allowances. Include payments to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veterans' non-education benefits. Include Disability, Death Pension, Dependency and 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 not reported above. Include income such as worker's compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. 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 Investment Act (WIA) 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 your behalf (e.g. bills) not reported elsewhere on this form.	\$	\$

By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct.* I understand that if I give false or misleading information on this worksheet that I may be fined, sentenced to jail or both. An incomplete form will result in delays of processing your financial aid.

Student

Date

Parent/Spouse

Date

*We are not able to accept electronic signatures.

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