



Office of Financial Aid

112 College Road
 Loch Sheldrake, NY 12759
 Email: finaid@sunysullivan.edu
 Fax: (845)434-0014

Untaxed Income Verification Worksheet

Student's Name: _____ **ID#:** _____

Please do not leave any boxes blank. Mark any items that do not apply as N/A or \$0. Report annual amounts received.

| 2019 Amounts | Student | Parent |
|--|---------|--------|
| 1. Payments to tax-deferred pension and retirement savings <ul style="list-style-type: none"> • Paid directly or withheld from earnings • Includes amounts reported on W-2 forms, boxes 12a through 12d, Codes D, E, F, G, H, and S. Do NOT include amounts with code DD | \$ | \$ |
| 2. Child Support Received | \$ | \$ |
| 3. Housing, food, and other living allowance paid to you as members of Military, clergy and others <ul style="list-style-type: none"> • Includes cash payments and cash value of benefits • Do NOT include value of on-base military housing or value of basic military housing allowance | \$ | \$ |
| 4. Veterans non-educational benefits <ul style="list-style-type: none"> • Includes Disability, Death Pension, DIC and VA Educational Work-Study | \$ | \$ |
| 5. Other Untaxed Income <i>Note: Please identify the sources and other details in the space below this table.</i> <ul style="list-style-type: none"> • Include workers' compensation, disability, etc • Include untaxed portions of health savings accounts (IRS Schedule 1 line 25) • Include untaxed income earned from work and other miscellaneous sources | \$ | \$ |
| 6. Money received from others or paid on your behalf not reported elsewhere on this form <i>Note: Please identify the sources and other details in the space below this table.</i> <ul style="list-style-type: none"> • Ex: Financial help for household bills, food, rent, cell phone, etc. • Money received from relatives and/or friends | \$ | \$ |
| Other additional income sources for 2019 not listed anywhere above: <ul style="list-style-type: none"> • Unemployment Compensation • Social Security Benefits • TANF benefits received | \$ | \$ |

In the space below, provide details regarding the additional income you listed in fields 5 and/or 6 above.

 Student's Signature

 Parent's Signature