



# Office of Financial Aid

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## 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.**

2021 Amounts	Student	Parent
1. Payments to tax-deferred pension and retirement savings <ul style="list-style-type: none"> <li>• Paid directly or withheld from earnings</li> <li>• 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</li> </ul>	\$	\$
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"> <li>• Includes cash payments and cash value of benefits</li> <li>• Do NOT include value of on-base military housing or value of basic military housing allowance</li> </ul>	\$	\$
4. Veterans non-educational benefits <ul style="list-style-type: none"> <li>• Includes Disability, Death Pension, DIC and VA Educational Work-Study</li> </ul>	\$	\$
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"> <li>• Include workers' compensation, disability, etc</li> <li>• Include untaxed portions of health savings accounts (IRS Schedule 1 line 25)</li> <li>• Include untaxed income earned from work and other miscellaneous sources</li> </ul>	\$	\$
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"> <li>• Ex: Financial help for household bills, food, rent, cell phone, etc.</li> <li>• Money received from relatives and/or friends</li> </ul>	\$	\$
Other additional income sources for 2021 not listed anywhere above: <ul style="list-style-type: none"> <li>• Unemployment Compensation</li> <li>• Social Security Benefits</li> <li>• TANF benefits received</li> </ul>	\$	\$

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

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\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Parent's Signature