



Financial Aid
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 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601-4896

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201 – 201 VERIFICATION OF UNTAXED INCOME

This information is being requested because the U.S. Department of Education would like to verify the amount of untaxed income received for 201 . Dependent students should complete both the Parent and the Student columns. Independent students should complete the Student column and enter zeros in the Parent column. Do not leave any part of this section blank. If not applicable, enter zero.

STUDENT: _____ (Student Name) - (Student ID): _____

Student (and spouse, if applicable)	TYPE OF UNTAXED INCOME RECEIVED IN 2016 CALENDAR YEAR	Parent (dependent students only)
\$	Payments to tax-deferred pension and retirement savings plan (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits);	\$
\$	Tax-deductible payments made to IRA, self-employed SEP, SIMPLE, Keogh, and other qualified accounts plans. (IRS Form 1040 – lines 28-32, 1040A – line 17);	\$
\$	Child support received for all children. Don't include foster care or adoption payments;	\$
\$	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b;	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). Exclude rollovers. If negative, enter a zero;	\$
\$	Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter a zero;	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and the cash value of benefits.)	\$
\$	Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include Federal Veterans education benefits such as: Montgomery GI Bill (Ch. 30), Dependents Educational Assistance Program (DEAP), Post-9/11 GI Bill (Ch. 33);	\$
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, Social Security benefits, SSI, Workforce Investment Act educational benefits, on-base military housing or a 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.	\$
\$	Money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form.	\$
\$	TOTAL	\$

All of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on this form or the FAFSA, I may be subject to a \$20,000 fine, imprisonment, or both.

 Student Signature

 Date

 Parent Signature

 Parent Name (Printed)

 Date