

Please return this form to:

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937.383.8564 f

2023-2024 STUDENT ROLLOVER VERIFICATION FORM

STUDENT NAME:	Stul	DENT ID:
The purpose of this worksheet is to verify the amount of any untaxed IRA distribution and/or pension distribution which was a rollover that should be excluded from your FAFSA.		
Before our office can disburse any financial aid funds to your student account, we will need you to confirm that you have answered the question (referenced below) correctly.		
	ancial aid until all required financial aid documents ha ed to your Financial Aid Student Self-Service Portal.	ave been submitted.
	pased on the information provided on this form.	
SECTION B: UNTAXED IRA DISTRIBUTION	on or Pension Rollover	
	or Your spouse's (if 2021) 2021 IRS Federal Inc Our or Your spouse, please write \$0. Do not leave	
UNTAXED INCOME TYPE		STUDENT/SPOUSE
	D PAYMENTS TO SELF-EMPLOYED SEP, SIMPLE, KE S FORM 1040 SCHEDULE 1—TOTAL OF LINE 15 AND	I S
	of IRA distributions and pensions from IRS F (Line 4b + 5b). Exclude rollovers. If negative,	
2. YOU MUST PROVIDE SUPPORTING DOCUMENTATION SHOWING THAT THE FUNDS WERE ROLLED OVER IN TAX YEAR 2021.		
Acceptable supporting docum • IRS Form 1099-R	IENTATION MUST BE UPLOADED WITH THIS FORM AND BOX 7 MUST SHOW A CODE OF "G".	D BE ONE OF THE FOLLOWING:
• IRS FORM 5498	Box 2 shows the amount of rollover contributi	ONS.
ACCOUNT STATEMENT	SHOWING AMOUNT WAS TAKEN OUT OF ONE ACCOUNT	
SECTION C: CERTIFICATION		
By typing my name below, which serves as my are accurate and complete to the best of my kn was provided on the FAFSA. I understand that	electronic signature, I certify the information on the a owledge and that there is no forgery. The informatio t any false statements or misrepresentation may be o t to a fine, imprisonment or both, under provisions of	n supplied on this form supersedes that which cause for denial, reduction, withdrawal, and/or
STUDENT'S SIGNATURE:		Date: