



Please return this form to:
 Wilmington College 937.382.6661
 Pyle Center Box 1184 800.341.9318 x600
 1870 Quaker Way wilmington.edu
 Wilmington, OH 45177 sos@wilmington.edu
 937.383.8564 f

2023-2024 STUDENT UNTAXED INCOME VERIFICATION FORM

SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ **STUDENT ID:** _____

Your 2023–2024 FAFSA included reported amounts of untaxed income received during the 2021 calendar year (Jan 1 – Dec 31, 2021). You must complete the following worksheet to verify the accuracy of this information. To help you complete this form, view the processed results of your 2023–2024 FAFSA online at fafsa.gov for reference.

PLEASE NOTE:

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be uploaded to your Financial Aid Student Self–Service Portal.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

SECTION B: UNTAXED INCOME VALIDATION

INSTRUCTIONS: PLEASE COMPLETE THE FOLLOWING CHART, LISTING ANY UNTAXED INCOME RECEIVED IN 2021. IF ANY OF THE ITEMS DO NOT APPLY TO YOU, PLEASE WRITE \$0. DO NOT LEAVE BLANKS.

PAYMENTS TO TAX-DEFERRED PENSION & RETIREMENT SAVINGS PLANS (PAID DIRECTLY OR WITHHELD FROM EARNINGS), INCLUDING BUT NOT LIMITED TO, AMOUNTS REPORTED ON THE W-2 FORMS IN BOXES 12A THROUGH 12D, CODES D, E, F, G, H AND S. (ATTACH W-2 IF APPLICABLE)	<input style="width: 90%; height: 20px;" type="text"/>
IRA DEDUCTIONS & PAYMENTS TO SELF-EMPLOYED: SEP, SIMPLE, KEOGH AND OTHER QUALIFIED PLANS FROM IRS FORM 1040 SCHEDULE 1 (TOTAL OF LINES 15+19).	<input style="width: 90%; height: 20px;" type="text"/>
CHILD SUPPORT RECEIVED FOR ALL CHILDREN: DO NOT INCLUDE FOSTER CARE, OR ADOPTION PAYMENTS. <i>IF REPORTING AN AMOUNT, ATTACH A CHILD SUPPORT PAYMENT HISTORY REPORT FOR 2018 (JAN. 1 – DEC. 31, 2021).</i>	<input style="width: 90%; height: 20px;" type="text"/>
TAX EXEMPT INTEREST INCOME FROM IRS FORM 1040 –LINE 2A.	<input style="width: 90%; height: 20px;" type="text"/>
UNTAXED PORTIONS OF IRA DISTRIBUTIONS, AND PENSIONS FROM IRS FORM 1040 LINE 4A MINUS LINE 4B + LINE 5A – 5B (EXCLUDE ROLLOVERS). IF NEGATIVE, ENTER ZERO.	<input style="width: 90%; height: 20px;" type="text"/>
HOUSING, FOOD & OTHER LIVING ALLOWANCES PAID TO MEMBERS OF THE MILITARY, CLERGY, AND OTHERS (INCLUDING CASH PAYMENTS AND CASH VALUE OF BENEFITS). DO NOT INCLUDE THE VALUE OF ON-BASE MILITARY HOUSING OR THE VALUE OF A BASIC MILITARY ALLOWANCE FOR HOUSING.	<input style="width: 90%; height: 20px;" type="text"/>
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 VETERAN’S EDUCATION BENEFITS SUCH AS MONTGOMERY GI BILL, DEPENDENTS EDUCATION ASSISTANCE PROGRAM, VEAP BENEFITS, POST 9/11 GI BILL.	<input style="width: 90%; height: 20px;" type="text"/>
COMBAT PAY OR SPECIAL COMBAT PAY. ONLY ENTER THE AMOUNT THAT WAS TAXABLE AND INCLUDED IN YOUR ADJUSTED GROSS INCOME. DO NOT INCLUDE UNTAXED COMBAT PAY.	<input style="width: 90%; height: 20px;" type="text"/>
EARNINGS FROM WORK UNDER A COOPERATIVE EDUCATION PROGRAM OFFERED BY A COLLEGE.	<input style="width: 90%; height: 20px;" type="text"/>
OTHER UNTAXED INCOME OR BENEFITS NOT REPORTED ELSEWHERE SUCH AS WORKER’S COMPENSATION, UNTAXED PORTIONS OF RAILROAD RETIREMENT BENEFITS, BLACK LUNG BENEFITS, DISABILITY, UNTAXED PORTIONS OF HEALTH SAVINGS ACCOUNTS FROM IRS FORM 1040 SCHEDULE 1 LINE 12. 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 INNOVATION AND OPPORTUNITY ACT EDUCATIONAL BENEFITS, COMBAT PAY, BENEFITS FROM FLEXIBLE SPENDING ARRANGEMENTS (E.G. CAFETERIA PLANS), FOREIGN INCOME EXCLUSION OR CREDIT FOR FEDERAL TAX ON SPECIAL FUELS.	<input style="width: 90%; height: 20px;" type="text"/>

SECTION C: CERTIFICATION

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

STUDENT’S SIGNATURE: _____ **DATE:** _____