

NORTH BENNET ST. SCHOOL

UNTAXED INCOME VERIFICATION WORKSHEET: DEPENDENT STUDENTS: 2018-2019

Your financial aid application has been selected for a process called "verification." Through the verification process, the North Bennet Street School (NBSS) Financial Aid Office will confirm information reported by you and your spouse (if applicable) on your 2018-2019 Free Application for Federal Student Aid (FAFSA) with the information submitted on this Independent Student Untaxed Income Verification Worksheet. Please complete and return this worksheet to the NBSS Financial Aid Office as soon as possible. Your financial aid application is not complete without this form. Please contact the Financial Aid Office at 617-227-0155 if you need assistance completing this form.

A. Student Information:

First Name

Last Name

Middle Initial

B. Verification of Untaxed Income for 2016

Please indicate the dollar amounts of any Untaxed Income received for the entire 2016 calendar year (01/01/16-12/31/16) below. **If you or your parents earned \$0 for a specific category, please check "N/A". Do Not Leave Any Item Blank.**

1. Payments to tax-deferred pension and retirement savings: List any payments (direct or withheld from earnings) to tax deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D,E,F,G,H and S.

____ N/A or

A. Name of Person Who Made the Payment

B. Total Amount Paid in 2016

2. Child Support Received: List the actual amount of any child support received in 2016 for the children in the household. Do not include foster care payments, adoption payments, or any amount court-ordered but not actually paid.

____ N/A or

A. Name of Person Who Made Payment B. Name of Child for Whom Support was Received C. Total Amount Paid in 2016

3. Housing, food, and other living allowances paid to members of the military, clergy and others. Include cash payments and/or cash value benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing

____ N/A or

A. Name of Recipient B. Type of Benefit Received C. Total Amount of Benefit Received in 2016

4. Veterans Administration (VA) Non-Educational Benefits. List the total amount of veterans non-educational benefits received in 2016. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC). Do not include federal veteran’s educational benefits such as Montgomery GI Bill, Dependent Educational Assistance Program, VEAP Benefits, and Post 9/11 GI Bill

_____ N/A or

A. Name of Recipient B. Type of VA Benefit C. Total Amount of Benefit Received in 2016

5. Other Untaxed Income. List the amount of other untaxed income not reported and not included elsewhere on this form. Include untaxed income such as worker’s compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. Do not include any items reported in #s 1-4 above. In addition, 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 Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

_____ N/A or

A. Name of Recipient B. Type of Benefit Received C. Total Amount of Benefit Received in 2016

6. Money Received or paid on your or your parent’s behalf. Please note: Do not include any money received or paid if these payments are reported in the student’s parent(s)’ information reported on the 2018-19 FAFSA (e.g., parent income). Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.

_____ N/A or

A. Purpose: B. \$ Amount Received in 2016 C. Source (ie. parent, relative)
(cash, rent, cell phone, auto insurance, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

C. Certification: By signing this form, I (we) certify all information reported to the Financial Aid Office is complete and accurate.

At least one parent must sign this form if the student is deemed “dependent” by the U.S. Department of Education (DOE) as a result of filing the FAFSA.

Student Signature	Date	Parent Signature	Date
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Return this form to the NBSS Financial Aid Office as soon as possible at: 150 North St., Boston, MA 02109, or by fax to 617-227-9292. Please contact the financial aid office at 617-227-0155 ext. 115 if you have any questions about the Untaxed Income Verification Worksheet.