

# NORTH BENNET ST. SCHOOL

## UNTAXED INCOME VERIFICATION WORKSHEET: INDEPENDENT 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:

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*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 2015 calendar year (01/01/16-12/31/16) below. **If you, or your spouse (if applicable), 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

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**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

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**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

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