NORTH BENNET ST. SCHOOL

UNTAXED INCOME VERIFICATION WORKSHEET: DEPENDENT STUDENTS: 2019-2020

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 2019-2020 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.

Last Name	Middle Initia
me for 2017	
ts of any Untaxed Income receive f you or your parents earned \$0 to to Item Blank.	
sion and retirement savings: Lis eferred pension and retirement s imited to, amounts reported on V	savings plans (e.g., 401(k) or
ne Payment	B. Total Amount Paid in 2017
the actual amount of any child su t include foster care payments, a tually paid. B. Name of Child for Whom Support was	* *
ng allowances paid to members nd/or cash value benefits received	
t f f t t	ts of any Untaxed Income received you or your parents earned \$0 or Item Blank. Sion and retirement savings: Listered pension and retirement samited to, amounts reported on the Payment The actual amount of any child satisficulties foster care payments, attually paid. B. Name of Child for Whom Support was any allowances paid to members

4. Veterans Administrat non-educational benefits Indemnity Compensation Montgomery GI Bill, Dep GI BillN/A or	received in 2017. Includ n (DIC). Do not include f	e Disability, Dea federal veteran's	nth Pension, Dependency educational benefits suc	y and ch as
A. Name of Recipient	B. Type of VA Benefit	C. Total Amou	nt of Benefit Received in	2017
5. Other Untaxed Incomincluded elsewhere on the disability, Black Lung Be Line 25, Railroad Retirent addition, do not include Temporary Assistance to Security Income (SSI), Whenefits from flexible specredit for federal tax on seminorary and seminorary and seminorary flexible specredit for federal tax on seminorary flexible specific flex	nis form. Include untaxed enefits, untaxed portions nent Benefits, etc. Do not student aid, Earned Inco Needy Families (TANF) orkforce Investment Actending arrangements (e.g. special fuels.	I income such as of health saving include any iter ome Credit, Add), untaxed Social (WIA) educatio g. cafeteria plans	s worker's compensation is accounts from IRS Forms reported in #s 1-4 about itional Child Tax Credit, Security Benefits, Supplemal benefits, combat pays), foreign income exclusion.	n, m 1040 ove. In lemental r, ion, or
A. Name of Recipient B	. Type of Benefit Receive	ed C. Total Amo	ount of Benefit Received	in 2017
6. Money Received or particle of the control of the 2019-20 linelude any distributions student or the student's particle of the control of th	if these payments are rep FAFSA (e.g., parent incor s to the student from a 52	ported in the stud me). Amounts p 29 plan owned b	dent's parent(s)' informa aid on the student's beh y someone other than th	ntion nalf also
A. Purpose: (cash, rent, cell phone, auto insura	B. \$ Amount Rec	eived in 2017	C. Source (ie. parent,	relative)
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C. Certification: By signing Office is complete and ac	_	fy all informatio	n reported to the Financ	ial Aid
At least one parent must Department of Educatio	O .		1	.S.
Student Signature	Date	Parent Sign	nature	Date

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.