

| | | | OMMUNITY COLLEGE |
|--|--|---|--|
| O Other Untaxed Income Student Name: | | ID#: | |
| n this form please document the reasons and amounts of Ot udent is Dependent). If any item does not apply , enter "N/ amount is requested. If additional space is required, please | A" for Not Applicable w | here a response is requ | |
| Payments to tax-deferred pension and retiremental tist any payments (direct or withheld from earnings) to tax-de not limited to, amounts reported on W-2 forms in Boxes 12a to | ferred pension and retir | rement savings plans (e.ǫ D, E, F, G, H, and S. Ple | g., 401(k) or 403(b) plans), including, ase provide copies of ALL W-2's. |
| Name of Person Who Made the Payme | ent | Total A | Amount Paid in 2020 |
| Child support received List the actual amount of any child support received in 2020 for adoption payments, or any amount that was court-ordered but | | ousehold. Do not inclu | de foster care payments, |
| Name of Adult Who Received the Support | | Whom Support Was ceived | Amount Received in 2020 |
| ousing, food, and other living allowances paid not a cash payments and/or the cash value of benefits recentilitary allowance for housing. | | | |
| Name of Recipient | Type of Benefit Received | | Amount Received in 2020 |
| | | | |
| Compensation (DIC), and/or VA Educational Work-Study allor Bill, Dependents Education Assistance Program, VEAP Bene Name of Recipient | efits, Post-9/11 GI Bill. | GI Bill. eterans Non-education Benefit Amount Received in 2020 | |
| | | | |
| Other untaxed income List the amount of other untaxed income not reported elsewher Lung benefits, untaxed portions of health savings accounts from the sexuluded in A – D above, student aid, Earned Income Credit, Social Security benefits, Supplemental Security Income (SSI) flexible spending arrangements (e.g., cafeteria plans), foreign | om IRS Form 1040 Line Additional Child Tax Cr), WIOA educational be n income exclusion, or c | e 25, Railroad benefits, e edit, Temporary Assistan nefits, extended foster ca redit for federal tax on sp | etc. Do not include any items repo ace to Needy Families (TANF), unta- are benefits, combat pay, benefits fro ecial fuels. |
| Name of Recipient | Type of Oth | ner Untaxed Income | Amount Received in 2020 |
| | | | |
| Money received or paid on the student's behalt List any money received or paid on the student's behalf (e.g., amount of support the student received in 2020. Include support FAFSA. Amounts paid on the student's behalf also include a student or the student's parents, such as grandparents, aunts | , payment of student's boort from a parent whos ny distributions to the s | se information <u>was not</u> re tudent from a 529 plan <u>o</u> | ported on the student's 2022-2023 |
| Purpose: e.g., Cash, Rent, Books | Amour | nt Received in 2020 | Source |
| | | | |
| L signing this information request, I certify that all information is complete and correctence, or both. | Lot. If you purposely give false or | misleading information on this w | orksheet, you may receive a fine, a prison |
| udent's Signature: | | Date: | |
| 8 | | Date. | |
| | | Date: | |

(if Dependent Student)