

Financial Aid Office 1200 16th Street Golden CO 80401 303-273-3301 303-384-2252 fax finaid@mines.edu

Verification of Other Untaxed Income for 2015

Student:	dent: Campus Wide I.D.#:				
	em does not apply, enter "N/A" for None amount is requested.	ot Applicable wh	nere a <u>response</u> is req	uested, or enter 0 in a	ın area
	udent was required to provide parental to the student and the student's paren				it
	udent was not required to provide pare				w as it
month ir receive	rmine the correct annual amount fon 2015, multiply that amount by the nuthe same amount each month in 2015	mber of months , add together tl	in 2015 you paid or re ne amounts you paid o	eceived it. If you did no or received each mont	ot pay or
If more	space is needed, provide a separate p	age with the stu	ident's name and ID n	umber at the top.	
List (e.g	ments to tax-deferred pension and any payments (direct or withheld from ., 401(k) or 403(b) plans), including, but ugh 12d with codes D, E, F, G, H, and Name of Person Who Made the	earnings) to tax ut not limited to, IS.	c-deferred pension and amounts reported on		
B. Child support received List the actual amount of any child support received in 2015 for the children in your household. Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.					
	Name of Adult Who Received the Support		For Whom Support Received	Amount of Child Support Received in 2015	
]

C.	Housing, food, and other living allowances paid to members of the military, clergy, and others
	Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

E. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' 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 or excluded in A – D 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.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015

F. Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information <u>was not</u> reported on the student's 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless** the person is the student's parent whose information is reported on the student's 2016–2017 FAFSA. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone other than the student or the student's parents</u>, such as grandparents, aunts, and uncles of the student. *(continued)*

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source
of the above questions were not applic		•

If all of the above questions were not applic needs met in 2015 with little to no income re		
needs met in 2013 with little to no income re	eported off the FAI OA. Thease be a	as detailed as possible.
By signing below, I certify that all the inform		
parent must sign (for dependent students). on this worksheet, you may be fined, be		raise or misleading information
	•	
Student (Signature)	Date	
Parent (If student is dependent on the FAFS	SA)	
Parent (Signature)	Date	