



## 2018–2019 Parent Untaxed Income Form

The Department of Education has requested that the Financial Aid Office verify certain information reported on your FAFSA. BRCC is required by federal law to compare your FAFSA with the information on this worksheet. You, your parent, and parent's spouse if married, must complete this form. You and your parent must sign and submit the form to the Financial Aid Office to determine eligibility for federal student aid. Incomplete forms or conflicting information will cause delays in the processing of your aid. Instructions for looking up your Student I.D. can be found [here](#).

### A. Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID (required): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

### B. Untaxed Income Information

Report total amounts received for the entire year of **2016**. If an item does not apply use "0" or "N/A."

Untaxed Income Type	Parent(s) Total 2016 Amount:
Payments made to tax-deferred pension and retirement savings plans: Includes payments to tax-deferred pension and retirement savings plans, direct or withheld from earnings. Examples: 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.	\$ _____
IRA Deductions & payments to self-employed SEP, SIMPLE, Keough, and other qualified plans. Amount found on IRS 1040: combine lines 28 and line 32 <b>or</b> IRS 1040A: line 17.	\$ _____
Child Support Received. List actual amount received in 2016 for any children in your household. <b>Do not</b> include foster care payments, adoption payments, or court-order amounts not actually paid. Parent receiving: _____ for child/children: _____	\$ _____
Untaxed Portions of IRA distribution. Exclude Rollovers. If the value is negative enter '0'. Amount found on IRS 1040: line 15a minus 15b <b>or</b> IRS 1040A: line 11a minus 11b.	\$ _____
Tax exempt interest income. Amount found on IRS 1040: line 8b <b>or</b> IRS 1040A: line 8b.	\$ _____
Untaxed Portions of Pension distribution. Exclude Rollovers. If the value is negative enter '0'. Amount found on IRS 1040: line 16a minus 16b <b>or</b> IRS 1040A: line 12a minus 12b.	\$ _____
Housing, food, and other living allowances paid to members of the military, clergy, and others. Include cash payments and cash value of benefits. <u>Do not include</u> the value of on-base military housing or basic military housing allowance (BAH)	\$ _____
Veteran's non-education benefits. This includes disability, death pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. <u>Do not include</u> federal veterans' educational benefits like the Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or the Post 9/11 GI Bill. TYPE OF BENEFIT: _____	\$ _____
Other items not reported above. Includes worker's compensation, disability (not including SSDI), Black Lung Benefits, untaxed portions of health savings accounts from IRS 1040: Line 25, Railroad Retirement Benefits, etc. Do not include student aid, earn income credit, additional child tax credit, TANF, SNAP, SSI, 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. RECIPIENT(s): _____ SOURCE(s): _____	\$ _____

### C. Certification and Signatures

The student and the parent for whom information is provided above **MUST** sign and date this section. Each person signing below certifies that all the information reported on this form is complete, correct, and any additional information is attached, if necessary. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form in one of the following ways: upload it using the link to the form on your To-Do list in SIS, fax to 540-234-8189, scanned e-mail attachment to [finaid@brcc.edu](mailto:finaid@brcc.edu), or mail to Blue Ridge Community College, Office of Financial Aid, Box 80, One College Lane, Weyers Cave, VA 24486. Please call 855-844-3631 if you have questions.