2016-2017 Other Untaxed Income Form

This form cannot be faxed. Return this form to the address below.

Labette Community College Financial Aid 200 South 14th · Parsons, KS 67357 (620) 421-6700

Your FAFSA was selected for a review process called "VERIFICATION." Return this Form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. Aid will not disburse if verification is not complete.

Student's Name		St	uden	nt ID or Social Security Number	
AYesNo. Did you or any from earnings? (If Yes, complete Table		:ax-deferr	red p	ension and retirement savings (Direct or Withheld	
BYesNo. Did you or any	one in your household receive Child Suppo	rt? (If Ye	es, co	mplete Table B)	
CYesNo. Did anyone in y tary, clergy and others? (If yes, completely, clergy and others)		other livir	ng all	owance, because they are a member of the mili-	
DYesNo. Did anyone in	your household receive Veteran non-educ	ational be	enefit	s? (If Yes, complete Table D)	
	ibility, Black Lung Benefits, Untaxed portion			orted and excluded elsewhere on this form. Eavings Accounts from IRS Form 1040 Line 25,	
FYesNo. Did anyone in y	your household have money received or pa	id on the	stud	ent's behalf? (If Yes, complete Table F)	
hold. This may include items that were		or other	form	udent and any members of the student's house is submitted to the financial aid office, and in	
Name of Recipient	Type of Financial Support		Ann	ual Amount of Financial Support Received in 2015	
	Total Amount of Financial Support F	Received	\$		
	vithheld from earnings) to tax-deferred per mounts reported on W-2 forms in Boxes 12			rement savings plans (e.g., 401(k) or 403(b) with codes D, E, F, G, H, and S.	
Name of Person Who Made the Payment			Annual Amount Paid in 2015		
Total Payments to	Tax-Deferred Pension and Retirement Sav	rings \$			
	child support received in 2015 for the chile at was court-ordered but not actually paid.		our ho	ousehold. Do not include foster care payments,	
Name of Adult Who Received the Supp	port Name of Child for Whom Support w	as Receiv	red	Annual Amount of Child Support Received in 2015	
	Total Amount of Child Suppo	ort Receiv	ed!	\$	

Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received in 2015
	<u> </u>	
	Total Amount of Benefits Received	1 \$
	al Work-Study allowances. Do not include federa	Disability, Death Pension, Dependency and Indemni I veterans educational benefits such as: Post-9/11 GI
Name of Recipient	Type of Veteran Non-education Benefit	Annual Amount of Benefits Received in 2015
	Total Amount of Benefits Received	\$
		/IOA) educational benefits, on-base military housing e.g., cafeteria plans), foreign income exclusion, or Annual Amount of Other Untaxed Income Received in 2015
Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2015
	Total Amount of Other Untaxed Income Received	1 \$
ater the total amount of cash support the e student's 2016–2017 FAFSA, but do no nt, utility bills, etc., for the student or giv udent's parent whose information is rep	In the student's behalf (e.g., payment of student's estudent received in 2015. Include support from a t include support from a parent whose informationes cash, gift cards, etc., include the amount of the ported on the student's 2016–2017 FAFSA. Amount owned by someone other than the student or the	parent whose information was not reported on n was reported. For example, if someone is paying t person's contributions unless the person is the nts paid on the student's behalf also include any
Purpose:e.g., Cash, Rent, Books	Source	Annual Amount Received in 2015
	Total Amount Received	5
	Total Amount Necelver	
		warning: If you purposely give false or misleading information, you
ach person signing below certif	ies that all of the information reporte	Tivatinto: ii you puipocoiy giro

Parent's Signature

(Dependent Students Only)

Date

Student's Signature

Date