

## 2018-2019 Additional Income Information Form

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Gannon ID or Social Security Number \_\_\_\_\_

Complete all items below. **DO NOT LEAVE ANY ITEMS BLANK.** All answers equal to 0 must be populated with a "0".

Student/Spouse	2016 Untaxed Income (Report Annual Amounts)	Parent(s)
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 form in boxes 12a through 12d, codes D,E,F,G,H, and S. <b>DON'T INCLUDE</b> amounts reported in code DD ( <i>employer contributions toward employee health benefits</i> ).	\$
\$	IRA deductions and payments to self-employed SEP, Simple, and Keogh and other qualified plans from IRS form 1040-total of line 28+ line 32 or 1040A-line 17.	\$
\$	Child support you (or your parents) <b>RECEIVED</b> for all children. <b>DON'T INCLUDE</b> foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS form 1040-line 8b or 1040A-line 8b	\$
\$	Untaxed portions of IRA distributions from IRS form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). <b>Check here</b> <input type="checkbox"/> <b>if this amount is identified as a ROLLOVER on your 2016 tax return</b>	\$
\$	Untaxed portions of pensions from IRS form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). <b>Check here</b> <input type="checkbox"/> <b>if this amount is identified as a ROLLOVER on your 2016 tax return</b>	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>DON'T INCLUDE</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veteran non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$
\$	Any other untaxed income or benefits not reported elsewhere such as workers' compensation, disability (SSDI), etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-Line 25. <b>DON'T INCLUDE</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits (SSI), Workforce Investment Act educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. <b>Attach a brief explanation.</b>	XXXXXXXXXXXXXX
\$	<b>TOTAL</b>	\$
Student/Spouse	2016 Additional Financial Information (Report Annual Amounts)	Parent(s)
\$	Education Credit (American Opportunity Tax Credit and Lifetime Learning Tax Credits) from IRS form 1040-line 50 or 1040A-line 33.	\$
\$	Child Support you <b>PAID</b> because of divorce/separation or as a result of a legal requirement. <b>DO NOT INCLUDE</b> support for children residing in your (or your parents) household.	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
\$	Taxable college grant and scholarship aid reported to the <b>IRS in your adjusted gross income</b> . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay <b>ONLY</b> enter the amount that was taxable and included in your (or your parents) adjusted gross income. <b>DON'T INCLUDE</b> untaxed combat pay.	\$
\$	Earnings from work under a cooperative education program offered by a college.	\$
\$	<b>TOTAL</b>	\$

**Certification:** By signing this worksheet, we certify that all the information reported is complete and correct. At least one parent must sign this form (if applicable).

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.**