

2022-2023 Parent Untaxed Income Form

The U.S. Department of Education selected your student's 2022-2023 FAFSA for review after comparing your 2020 Adjusted Gross Income and other untaxed income. You and your spouse, if you are married, must complete this form. You and your student must print, sign, and submit the form. Instructions for submission are at the end of the form.

You and your spouse, if you are married, must complete this form. One parent and the student must sign and submit this form to the Financial Aid Office to continue the verification review process.

A. Student Information

First Name _____ MI _____ Last Name _____ VWCC Student ID - **Required** _____

B. Untaxed Income Information

Report total annual amounts for 2020. If an item does not apply, enter "0" or "N/A." Boxes left blank will result in additional information requested. Additional requests to clarify conflicting information may delay the determination of your student's financial aid eligibility. If more space is needed provide a separate page with your student's name and student ID number at the top.

Untaxed Income Item to Verify: <i>Parent Name(s) for whom the information below is being reported (first and last name(s))</i>			
Parent One Name:		Parent One: Total 2020 Amount:	Parent Two: (if Parent is married) Total 2020 Amount:
Parent Two Name: (If parent is married)			
Payments made to tax-deferred pension and retirement savings plans. List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 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, Keogh, and other qualified plans. List the total amounts from IRS 1040 Schedule 1 – Total of lines 15 + 19.		\$	\$
Child Support Received. List actual amount received in 2020 for any children in your household. If additional space is needed attach a separate piece of paper with required information. <i>Do not include foster care payments, adoption payments, or court-order amounts not actually paid.</i> LIST NAME OF CHILD(REN):			
Child's Name:		\$	\$
Child's Name:		\$	\$
Adult Receiving Payment:			
Untaxed Portions of IRA distributions and Pensions. List amount from IRS 1040 – (lines 4a + 5a) minus (4b + 5b). Exclude Rollovers. If the value is negative enter '0'.		\$	\$
Tax exempt interest income. List amount from IRS 1040 – line 2a.		\$	\$

First Name _____ MI _____ Last Name _____ VWCC Student ID - **Required**

Untaxed Income Item to Verify - CONTINUED:		Parent One: Total 2020 Amount:	Parent Two: (if Parent is married) Total 2020 Amount:
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 the value of a basic military housing allowance (BAH).		\$	\$
Veteran's non-education benefits. List the total 2020 amounts including 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:		\$	\$
TYPE OF BENEFIT:		\$	\$
Other items not reported above. Include items such as worker's compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS 1040 Schedule 1 -- Line 12, 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.			
SOURCE:		\$	\$
SOURCE:		\$	\$

C. Certification and Signatures

The student and one 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 Signature Required

Date

Parent Signature Required

Date

WAYS TO SUBMIT THIS FORM

(1) Upload the form at www.viriniawestern.edu by clicking '24/7 Student Support Center' (bottom right of page). Login to your MyVWCC account, then you can submit docs via 'Submit Document(s)/Create a Case' (2) Fax forms to 540-857-6208