

2008-2009 Dependent Student Untaxed Income Form



Student Name _____ Banner Student ID# M00

The Monroe Community College Financial Aid Office needs you and or your parent(s) / stepparent to clarify information as reported by you on Worksheets A and B of your Free Application for Federal Student Aid (FAFSA). **Both tax filers and non-tax filers must list any untaxed income received in 2007. Be sure to enter zero or 0 if no funds were received.** Failure to complete this form will delay the processing of your federal financial aid.

Student	Calendar Year 2007	Parent(s) Stepparent
\$	Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps. Please list total annual amount.	\$
\$	Social Security benefits received that were not taxed (such as SSI or SSD). Please list total annual amount.	\$
\$	Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings) including, but not limited to, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, and S. Include untaxed portions of 401(k) and 403(b) plans.	\$
\$	Child support received for all children. Don't include foster care. Please list total annual amount.	\$
\$	Housing (other than Section 8), food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$
\$	Veterans' 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, untaxed portions of railroad retirement benefits, Black Lung Benefits, Refugee Assistance, etc. Don't include student aid, WIA benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans.	\$
\$	Any other untaxed income cash or any money paid on your behalf, not reported elsewhere on this form. Source of Other Untaxed Income: _____	\$
\$	Enter Total Amount for Each Column Reported.	\$

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct. At least one parent must sign.

Student Signature

Date: _____

Parent Signature

Date: _____

✓ Please mail to MCC Financial Aid Office; 1000 East Henrietta Road; Rochester, NY 14623; or submit by fax to (585) 292-3840, or deposit it in the Drop Box outside the Financial Aid Office (Building 6 Room 207)

✓ If you have any questions about this form, contact us by email at financialaid@monroecc.edu or call us at (585) 292-2050.