

# Bates College

## 2016-17 Verification of Student and Parent Untaxed Income

Please return completed form to:  
**Bates College**  
**Student Financial Services**  
**44 Mountain Avenue**  
**Lewiston, ME 04240**

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Bates ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Enter 2015 *annual* amounts for the applicable terms. If any item does not apply, enter "N/A" for Not Applicable where a response is requested and 0 in an area where an amount is requested. If more space is needed, provide a separate page with the student's name and ID at the top. If you have any questions, please contact our office at 207-786-6096 or [finaid@bates.edu](mailto:finaid@bates.edu).

#### A. Payments to tax-deferred pension and retirement savings

- 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.

Name of Person Who Made the Payment	Total Amount Paid in 2015

#### B. Child support received

- List the actual amount of any child support received in 2015 for the children in your household.
- Do not include** foster care or adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015

#### C. Housing, food, and other living allowances paid to members of the military, clergy, and others

- Include cash payments and/or the cash value of benefits received.
- Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

**D. Veterans non-education benefits**

- List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.
- **Do not include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or Post 9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

**E. Other untaxed income**

- List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040, Line 25, Railroad Retirement Benefits, etc.
- **Do not include** any items reported or excluded in A-D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (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.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015

**F. Money received by or paid on the student's behalf**

- List any money received by or paid on the student's behalf (e.g., if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc.) not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information **was not** reported on the student's 2016-17 FAFSA, but do not include support from a parent whose information was reported. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan **owned by someone other than the student or the student's parents**, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Amount Received in 2015

**CERTIFICATION AND AUTHORIZATION**

I declare that the information on this form is true, correct, and complete. Bates College has our permission to verify the information reported by obtaining documentation as needed (the student and at least one parent must sign).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_