

Financial Aid Office Hampton, VA Campus: Griffin Hall, Room 214 ◆ Historic Triangle Campus (Williamsburg), Room 117A

2023-2024 Parent Untaxed Income Form

Your student's financial aid application was selected by the U.S. Department of Education for review after 2021 Adjusted Gross Income and other untaxed income was compared. You and your spouse, if you are married, must complete this form. You and your student must sign and submit the form.

Do not leave any section blank. If an item does not apply enter "0" or "N/A" in the associated space. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

| A. Student Information | | |
|---|----------------------------|------------------|
| Student's Name (Last, First, M.I.) | Stude | nt ID - REQUIRED |
| B. Untaxed Income Information Report total annual amounts for 2021. If an item does not apply use "0" or "N, information being requested. Additional requests to clarify conflicting information student's financial aid eligibility. If more space is needed, provide a separate pnumber at the top. | ation may delay the determ | nination of your |
| Untaxed Income Item to Verify: | Parent's Total | Spouse's Total |

| Untaxed Income Item to Verify: Parent Name(s) for whom the information below is being reported (first and last name(s)): | Parent's Total 2021 Amount: | Spouse's Total 2021 Amount (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 16 and 20. | \$ | \$ |
| Child Support Received. List actual amount received in 2021 for any children in your household. Do not include foster care payments, adoption payments, or court-order amounts not actually paid. SUPPORT FOR THIS CHILD(REN): | \$ | \$ |
| ADULT RECEIVING PAYMENT: | | |
| Untaxed Portions of IRA and Pension distributions. List amount from IRS 1040 – (lines 4a + 5a) minus (lines 4b + 5b). Exclude Rollovers. If the value is negative enter '0'. | | |
| Tax exempt interest income. List amounts from IRS 1040 – line 2a. | \$ | \$ |
| Housing, food, and other living allowances paid to members of the military, clergy, and others. Include cash payments and cash value of benefits. Do not include 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 2021 amounts including disability, death pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do not include 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: | \$ | \$ |
|--|------------------------|------------------------|
| 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 13, 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: RECIPIENT: | \$ | \$ |
| C. Certification and Signatures The student and the parent for whom information is provided above MUST sign and or below certifies that all the information reported on this form is complete, correct, an encessary. WARNING: If you purposely give false or misleading information on this to jail, or both. | d any additional infor | mation is attached, if |
| Student's Signature | _ | Date |
| Parent Signature | | Date |

Parent's Total

2021 Amount:

Spouse's Total

2021 Amount (if parent is married):

Untaxed Income Item to Verify - CONTINUED:

Upload this form by logging into the http://mysupport.vpcc.edu/ using your MyVPCC login information, fax to (757)825-3537, or bring in person (Hampton Campus, Griffin Hall, room 214 / Historic Triangle campus, room 117A).