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Student ID # **Last Name** **First Name**

2019-2020 PARENT'S 2017 UNTAXED INCOME

(Enter the combined amounts for your parent and their spouse)

Failure to complete this form will delay the processing of your aid.

Because verification of your other untaxed income and benefits is required, please complete the section below.

COMPLETE WITH THE AMOUNTS RECEIVED IN CALENDAR YEAR 2017

(LEAVE NOTHING BLANK-If a question does not apply, enter zero or DNA.)

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 Box 12a through 12d, codes D, E, F, G, H, and S. **DON'T include** amounts reported in Code DD (employer contributions toward employee health benefits). _____

Child support **received** for any of your children. **Don't include** foster care or adoption payments. _____

Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). **Don't include** the value of on-base military housing or the value of a basic military allowance for housing. _____

Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. _____

Other untaxed income such as worker's compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. **Don't include** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (eg. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. _____

REQUIRED PARENT SIGNATURES

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

IF TWO PARENT HOUSEHOLD, BOTH PARENTS MUST SIGN.

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

_____

Parent's Signature **Date**

_____

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE 217-581-6405 FAX 217-581-6422 EMAIL finaidverification@eiu.edu

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Student ID # **Last Name** **First Name**

Parent Spouse's Signature **Date**

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