



Financial Aid Office

379 Belmont Road, Laconia, NH 03246
 Tel: (603) 366-5220 Fax: (603) 524-8084

2020-2021 Verification of Untaxed Income

Dependent students please complete the left column and have your parent(s) complete the right column. **Independent students** please complete the left column. Enter the combined amounts for you and your spouse (if applicable). Independent students do not need to include parents' information.

NOTE: Do not leave questions blank. Enter "0" where appropriate.

Student/ Spouse	Calendar Year 2018	Parent(s)
\$	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in boxes 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 (or your parents') 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 workers' compensation, disability, 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 Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g., bills) during 2018. This includes money that you received from a parent whose financial information is not reported on the 2020-2021 FAFSA and that is not part of a legal child support agreement. Also includes distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as grandparents, aunts, and uncles).	\$ XXXXXX

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: _____

LRCC ID: _____

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

(If Dependent student)