LINCOLN University
1866

Department of Student Financial Aid

103 Young Hall, 820 Chestnut St., P.O. Box 29
Jefferson City, MO 65102-0029
Phone: (573) 681-6156
FAX: (573) 681-5871

2014-2015 Untaxed Income Verification Form

Directions to student and/or parent: complete this form listing untaxed income for student (and spouse) and parents (if student is dependent) in the household.

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____ Social Security Number _____

Permanent Address (include Apt No) _____ Date of Birth _____

City _____ State _____ Zip Code _____ Phone Number _____

Email Address _____

****

PARENT INFORMATION

Parent 1 Last Name _____ First Name _____ MI _____ **Parent 2** Last Name _____ First Name _____ MI _____

Untaxed Income (the below amounts should be based on 2013 income for both parents in household combined)

Student/ Spouse	Calendar Year 2013	Parent(s)
	Untaxed Income	
	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 Forms in Boxes 12a through 12d, codes D,E, F, G, H, and S.	
	Child support **RECEIVED** for all children. Don't include foster care or adoption payment.	
	(Non-military) housing, food and other living allowances paid to members of 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.	
	Other untaxed income, such as worker's compensation, disability, etc. Also include the untaxed portions of health savings accounts from the IRS Form 1040—line 25. ***Don't include:*** *student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Sup-plemental Security Income, Workforce Investment Act educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans, foreign in-come exclusions or credit for federal tax on special fuels.*	
	Money **RECEIVED**, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	
	Total **Total**	

Explanation of Financial Support

Provide a brief explanation of how your household members were financially supported during the 2013 calendar year.

Signature

By signing this form, you certify that all the information reported on this form is complete and correct. **Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail or both.**

Student Signature _____ Date _____ Parent Signature _____ Date _____