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## 2018-2019 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 2016	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. <b>Don't include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$
\$	Child support received for any of your (or your parents') children. <b>Don't include</b> 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). <b>Don't include</b> 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. <b>Don't include</b> 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 2016. This includes money that you received from a parent whose financial information is not reported on the 2018-2019 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: \_\_\_\_\_

ID: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_  
 (If Dependent student)

DATE: \_\_\_\_\_