2016-17 Untaxed Income Information

BW Student ID # _____ Student Last Name: _____ Student First Name: _____

Please complete this table in its entirety. **Enter "0" where appropriate. Do not leave any blanks.**

Information should be reported for the calendar year 2015. Do not leave any blanks!

	Student/Spouse	Parent #1 & Parent #2
Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings) including, but not limited to, amounts reported on W2 form(s) in boxes 12a through 12d, codes D, E, F, G, H, and S.	_____	_____
Child support **received** for all children in 2015. Don't include foster care or adoption payments.	_____	_____
Housing, food, and other living allowances received because you are a member of the clergy (and others professions) 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 and Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowances.	_____	_____
Other non-taxed income not reported elsewhere, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, add'l child tax credit, untaxed SS/SSI benefits, etc.	_____	_____
Money **received**, or paid on your behalf (e.g. bills, etc.) not reported elsewhere on this form.	_____	_____

Certification

The signature(s) below certify that the information provided on this form is complete and accurate. I/we certify that the information reported is complete and correct. If I/we purposely give false or misleading information, I/we may be fined, sentenced to jail, or both.

_____ _____ _____ _____

Student signature **Date** **Parent Signature (of dependent students)** **Date**

Office of Financial Aid ◆ 275 Eastland Road ◆ Berea, OH 44017 ◆ Phone: 440-826-2108 ◆ Fax: 440-826-8048 ◆ Email: finaid@bw.edu