

Alfred State

SUNY College of Technology

2016-2017 Untaxed Income Form

Student Name: _____

Student ID #: _____

Instructions: Please provide the following information concerning Untaxed Income for both student and parent for the calendar year 2015. Do not leave any questions blank. If an answer is "zero" enter "0". Return the completed form to the Student Records and Financial Services Office. Fax number is (607) 587-4298, scan and email to sfs@alfredstate.edu, or mail to Student Records and Financial Services, Alfred State, Alfred, NY 14802.

UNTAXED INCOME

	<u>Parent</u>	<u>Student/Spouse</u>
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported (but not limited to) on the W-2 Forms in Box 12 a-d, codes D, E, F, G, H, Q, and S.	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Untaxed portions of IRA distributions from IRS Form 1040 (line 15a minus 15b) or 1040A (line 11a minus 11b). DO NOT include Rollovers.	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Untaxed portions of pensions from IRS Form 1040 (line 16a minus 16b) or 1040A (line 12a minus 12b).	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Child support RECEIVED for all dependent children listed in the FAFSA. Do not include foster care payment	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
IRA deductions and payments to self-employed SEP, SIMPLE, Keough and other qualified plans from IRS Form 1040 (line 28 + line 32) or 1040A (line 17).	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Tax exempt interest income from IRS Form 1040 (line 8b) or 1040A (line 8b).	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and /or VA Educational Work-Study Allowances.	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Any other untaxed income such as worker's compensation, disability, etc. Indicate type of benefit: _____	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	SSSSSSSSSSSSSSSS	SSSSSSSSSSSSSSSS

I certify that the information included on this form is true and I am willing to provide additional documentation if requested.

Student's Signature

Date

Parent's Signature (if student is dependent)

Date

Alfred State College
Student Records and Financial Services
10 Upper College Drive
Alfred, NY 14802
Fax Number: 607-587-4298
Phone Number: [607-587-4253](tel:607-587-4253)