



WICHITA AREA TECHNICAL COLLEGE

Parent Untaxed Income Worksheet
2015-2016

Student ID: W00 _____

Social Security #: _____ - _____ - _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ Date of Birth: _____

City/State/ZIP: _____ Phone: _____

Please read all instructions carefully. Inaccurate or incomplete information may delay the processing of your financial aid file. Forms not complete in their entirety will not be accepted.

A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Table with 2 columns: Name of Person Who Made the Payment, Total Amount Paid in 2014

B. Child support received

List the actual amount of any child support received in 2014 for the children in your household.

Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Table with 3 columns: Name of Adult Who Received the Support, Name of Child For Whom Support Was Received, Amount of Child Support Received in 2014

C. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Table with 3 columns: Name of Recipient, Type of Benefit Received, Amount of Benefit Received in 2014

Wichita Area Technical College
Financial Aid
4004 N. Webb Rd. Wichita, KS 67226
316-677-9400

If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2014. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veterans' educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2014

E. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2014

By signing this worksheet, I (we) certify that all of the information reported to qualify for Federal student aid is complete and correct. (If dependent, at least one parent must sign)

Student signature

Date

Parent signature

Date