



EM17AFI – 12/15

**State Grant and Special Programs**  
Phone: 1-800-692-7392 Fax: 717-720-3786  
P.O. Box 8157, Harrisburg, PA 17105-8157

Dear Student:

Please read the following information carefully to determine what action, if any, to take.

**WHY WE ARE CONTACTING YOU**

The Pennsylvania Higher Education Assistance Agency (PHEAA) has reviewed your 2017-18 State Grant application and determined additional information is needed.

**WHAT THIS MEANS TO YOU**

The Agency requires additional information with regard to your family's financial information.

**WHAT ACTIONS YOU NEED TO TAKE**

In addition to completing the attached form, you **MUST** also submit a complete copy as filed with IRS of your and your spouse's (if married) and your parent(s)/stepparent's (if you are considered by PHEAA a dependent of your parent(s)/stepparent's) 2015 U.S. Income Tax Return. This includes all supporting forms and schedules, and all 2015 Wage and Tax Statements (W-2 Forms). Each W-2 Form should contain figures in Box 1 and either Box 16 and Box 18. If you and your spouse (if married) or your parent(s)/stepparent have an interest in a corporation and/or partnership you also need to submit copies of the appropriate U.S. Partnership and/or Corporation Tax Return(s), including the completed balance sheet(s) and K-1 schedule(s). If your family owns and controls more than 50% of a business and has 100 or less full-time or full-time equivalent employees, please indicate such with the correspondence you are sending.

Mail documentation to: PHEAA  
PO Box 8157  
Harrisburg, PA 17105-8157

Please note that no information can be accepted after April 1, 2018. If this email was sent after March 1, 2018, you **MUST** respond within 30 days for your information to be considered.

**OTHER INFORMATION YOU MAY FIND HELPFUL**

The current status of your State Grant may be viewed on pheaa.org using the Secure Sign-In for Account Access. This website provides you online 24/7 access to your State Grant information. If you have questions concerning this inquiry, PHEAA staff is available at 1-800-692-7392 (TTY: Dial 711 for hearing impaired). When calling, please be prepared to provide either your account number or your Social Security Number.

State Grant & Special Programs

Enclosure(s)





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2017-18 ADDITIONAL FINANCIAL INFORMATION CLARIFICATION FORM
(NOTE: Deadline for returning this form and 2015 tax documents to PHEAA is April 1, 2018.)

Print Student's Name

Student's Account Number grid

Student's Account Number

OR

Student's Social Security Number grid

Student's Social Security Number

2017-18

The Pennsylvania Higher Education Assistance Agency (PHEAA) requires additional information with regard to your family's income. Please submit the following data to PHEAA, P.O. Box 8157, Harrisburg, PA 17105-8157 within 30 days.

Please provide a complete copy as filed with IRS of your (and your spouse's if married) and your parent(s)/stepparent's (if you are considered by PHEAA a dependent of your parent(s)/stepparent) 2015 U.S. Income Tax Return.

- a. Educational credits, (American Opportunity, Hope and Lifetime Learning tax credits) from 2015 IRS Form 1040-line 50 or 1040A-line 33.

Student's (and spouse's, if applicable) \$ \_\_\_\_\_ Parent(s)/Stepparent's \$ \_\_\_\_\_

- b. Child support you paid or your parents paid in 2015 because of divorce or separation or as a result of legal requirement. Do not include support for children in your (or your parents') household, as reported in your family's household size.

Student's (and spouse's, if applicable) \$ \_\_\_\_\_ Parent(s)/Stepparent's \$ \_\_\_\_\_

- c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.

Student's (and spouse's, if applicable) \$ \_\_\_\_\_ Parent(s)/Stepparent's \$ \_\_\_\_\_

- d. Student grant and scholarship aid reported to the IRS in your (or your parent(s)/stepparent's) adjusted gross income. Include AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.





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Student's (and spouse's, if applicable) \$ \_\_\_\_\_ Parent(s)/Stepparent's \$ \_\_\_\_\_

e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter combat pay reported on the W-2 (Box 12, code Q).

Student's (and spouse's, if applicable) \$ \_\_\_\_\_ Parent(s)/Stepparent's \$ \_\_\_\_\_

f. Taxable earnings from work under cooperative education program offered by a college.

Student's (and spouse's, if applicable) \$ \_\_\_\_\_ Parent(s)/Stepparent's \$ \_\_\_\_\_

THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMATION ON THIS FORM MAY BE REPAYMENT OF TRIPLE ANY AMOUNT OF MONEY RECEIVED PLUS A FINE AND/OR IMPRISONMENT.

\_\_\_\_\_  
Signature of Parent/Stepparent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

