



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

2017-18 UNTAXED INCOME VERIFICATION FORM
(INDEPENDENT STUDENT)

(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) requests that this form be completed, signed, and returned to the Agency. Additionally, PHEAA REQUIRES A COMPLETE COPY OF THE 2015 U.S. INCOME TAX RETURN THAT YOU (AND YOUR SPOUSE, IF MARRIED) FILED WITH IRS IF SUCH HAS NOT BEEN PREVIOUSLY SUBMITTED. THIS INCLUDES ALL OF THE 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 OR BOX 18. IF YOU (AND YOUR SPOUSE, IF MARRIED) 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. YOU MAY HAVE ALREADY SUBMITTED TAX DOCUMENTS TO YOUR SCHOOL, BUT PHEAA REQUIRES A COPY AS WELL. THIS INFORMATION AND THE COMPLETED FORM SHOULD BE SENT TO PHEAA, P.O. BOX 8157, HARRISBURG, PA 17105-8157 WITHIN 30 DAYS. If you have questions concerning this matter, please contact Agency staff toll-free at 1-800-692-7392 (TTY: Dial 711 for hearing impaired). You will be notified of your eligibility or change in eligibility upon receipt and review of this correspondence by PHEAA staff.

- 1. Indicate the total amount of 2015 untaxed income from EACH of the sources listed below. Do not include any taxed income reported on the 2015 U.S. Income Tax Return. IF ZERO APPLIES, PLEASE ENTER ZEROS. DO NOT PROVIDE MONTHLY AMOUNTS.
a. 2015 payments to tax-deferred pension and savings plans...
b. 2015 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh...
c. Child support received for all children in 2015...
d. 2015 tax exempt interest income from IRS Form 1040-line 8b...
e. 2015 untaxed portions of IRA distributions from IRS Form 1040-lines...
f. 2015 untaxed portions of pensions from IRS Form 1040-lines...



- g. Housing, food, and other living allowances paid to members of the military (excluding on-base housing or housing allowances), clergy and others (including cash payments and cash value of benefits) which were received in 2015. \$\_\_\_\_\_
- h. 2015 veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$\_\_\_\_\_
- i. Other 2015 untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Do not include 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, or benefits from flexible spending arrangements (e.g., cafeteria plans), or credit for federal tax on special fuels. \$\_\_\_\_\_
- j. Money received, or paid on your family's behalf (e.g., bills, living/college expenses, etc.) in 2015 not reported elsewhere on this form. \$\_\_\_\_\_

This form must be completed in its entirety and be signed. Failure to follow this instruction will result in the form being returned to you and will delay the completion of the review.

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 Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date