2020-21 ADDITIONAL FINANCIAL INFORMATION CLARIFICATION FORM

(NOTE: Deadline for returning this form and 2018 tax documents to PHEAA is April 1, 2021.)

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. If you are unable to respond within 30 days, please note that no information can be accepted after April 1, 2021. If you have questions concerning this matter, please contact Agency staff toll-free at 1-800-692-7392 (TTY: Dial 711 for hearing impaired). When calling, please be prepared to provide either the account number or the Social Security Number.

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) 2017 U.S. Income Tax Return. This includes all supporting forms and schedules, and all 2018 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) and your parent(s)/stepparent (if you are considered by PHEAA a dependent of 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. You may have already submitted tax documents to your school, but PHEAA requires a copy as well. Also complete questions a through f.


Student’s (and spouse’s, if applicable) $ ___________ Parent(s)/Stepparent’s $ ___________

b. Child support you paid or your parents paid because of divorce or separation or as result of legal requirement. Do not include support for children in your (or your parent(s)/stepparent’s) 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. You must provide verification that these amounts have been included on your or your parent(s)'/stepparent’s tax return.

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 the 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 a 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