The Pennsylvania Higher Education Assistance Agency (PHEAA) requests that this form be completed, signed, and returned to the Agency along with the requested tax documents or reason why tax documents were not filed. 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 (Fax: 717-720-3786, email: granthelp@pheaa.org) WITHIN 30 DAYS. If you are unable to respond within 30 days, please note that no information can be accepted after April 1, 2023.

- A signed copy of your and your spouse’s, if married, 2020 U.S. Income Tax Return(s) along with any other supporting Forms and Schedules. If you filed an amended return (1040X), please include a copy of the original tax return, as well as the amendment.
- Copies of ALL 2020 Wage and Tax Statements (W-2 forms). W-2’s should be legible and contain figures in Box 1 and Box 16.
- A copy of each 2020 Form 1099 (other than Interest and Dividends).
- A copy of the appropriate U.S. Partnership and/or Corporation Tax Return(s), including completed balance sheet(s) and K-1 schedules (if you and/or your spouse have an interest in a corporation and/or partnership). If your family owns and controls more than 50% of a business that has 100 or fewer full-time or full-time equivalent employees be sure to indicate that with the correspondence you are providing.

If you and/or your spouse (if married) did not file a 2020 U.S. Income Tax Return, you must provide a reason as to why the tax return was not filed along with completing the sections below.

a). Provide the reason(s) you and/or your spouse did not file a 2020 U.S. Income Tax Return.

___________________________________________________________________________________________
___________________________________________________________________________________________

1. Indicate the total amount of 2020 untaxed income from EACH of the sources listed below. Do not include any taxed income reported on the 2020 U.S. Income Tax Return. IF ZERO APPLIES, PLEASE ENTER ZEROS. DO NOT PROVIDE MONTHLY AMOUNTS.

a. 2020 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S or Box 14: PSERS, 414(H), Pen, Ret, etc. $_______________
b. 2020 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1-line 15 + line 19. $________________

c. Child support received for all children in 2020. Do not include foster or adoption payments. $______________

d. 2020 tax exempt interest income from IRS Form 1040-line 2a. $______________

e. 2020 untaxed portions of IRA and pension distributions from IRS Form 1040-lines (4a minus 4b), (5a minus 5b). Exclude rollovers. If negative, enter a zero here. $______________

f. 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 2020. $______________

g. 2020 veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. $______________

h. Other 2020 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 Schedule 1-line 12. 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. $______________

i. Money received, or paid on your family’s behalf (e.g., bills, living/college expenses, etc.) in 2020 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.

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.

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 __________________________