



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

2020-21 UNTAXED INCOME VERIFICATION FORM
(DEPENDENT STUDENT)

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

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
2020-21

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 WITHIN 30 DAYS. If you are unable to respond within 30 days, please note that no information can be accepted after April 1, 2021.

- A signed copy of your parent(s)/stepparent's 2018 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.
A copy of your parent(s)/stepparent's 2018 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 2018 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 your parent(s)/stepparent have 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 your parent(s)/stepparent did not file a 2018 U.S. Income Tax Return, your parent(s)/stepparent should provide a reason as to why the tax return was not filed along with completing the sections below.

- 1) Provide the reason(s) your parent(s)/stepparent did not file a 2018 U.S. Income Tax Return.

Blank lines for providing reasons

Indicate the total amount of 2018 untaxed income from EACH of the sources listed below. Do not include any taxed income reported on the 2018 U.S. Income Tax Return. IF ZERO APPLIES, PLEASE ENTER ZEROS. DO NOT PROVIDE MONTHLY AMOUNTS.

Table with 2 columns: Student, Parent(s)/Stepparent. Rows include 2018 payments to tax-deferred pension and savings plans, and 2018 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS.



- c. Child support received for all children in 2018. Do not include foster or adoption payments. \$ _____ \$ _____
- d. 2018 tax exempt interest income from IRS Form 1040-line 2a \$ _____ \$ _____
- e. 2018 untaxed portions of IRA and pension distributions from IRS Form 1040-lines (4a minus 4b) 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 2018. \$ _____ \$ _____
- g. 2018 veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____ \$ _____
- h. Other 2018 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 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. \$ _____ \$ _____
- i. Money received, or paid on your behalf (e.g., bills, living/college expenses, etc.) in 2018, not reported elsewhere on this form. \$ _____

This form must be completed in its entirety and contain a parental signature. Failure to follow this instruction will result in the form being returned 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 Parent/Stepparent Date

Signature of Student Date

