



**Verification of STUDENT'S**  
**• 2019 Untaxed Income •**  
**2021-2022 Worksheet**

**Financial Aid & Scholarships**  
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Student Last Name

First Name

MSU Billings ID

**TO BE COMPLETED BY THE STUDENT**

**STUDENT'S (and Spouse's, if married) 2019 UNTAXED INCOME**

Directions: **if any item does not apply**, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested. Do not leave any areas blank.

**A. PAYMENTS TO TAX-DEFERRED PENSION AND RETIREMENT SAVINGS**

List payments to tax-deferred pensions or retirement savings accounts (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.

**Do not** include amounts reported in code DD (employer contributions toward employee health benefits).

Name of Person Who Made the Payment	Annual Amount Paid in 2019
	\$
	\$

**B. CHILD SUPPORT RECEIVED**

List the **actual** amount of any child support received in 2019 for all of the children in your household.

**Do not** include foster care or adoption payments.

Name of Adult Who Received the Support	Name of Child(ren) For Whom Support Was Received	Annual Amount of Child Support Received in 2019
		\$
		\$
		\$

**C. HOUSING, FOOD, AND OTHER LIVING ALLOWANCES PAID BY MEMBERS OF THE MILITARY, CLERGY, AND OTHERS**

List all cash payments and cash value of benefits received.

**Do not** include the value of on-base military housing. **Do not** include the value of basic military allowance for housing.

Name of Person Who Received the Allowance	Type of Benefit Received	Annual Amount of Allowance Received in 2019
		\$
		\$

**D. VETERANS' NON-EDUCATION BENEFITS**

List the total amount of veterans' non-education benefits received in 2019. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and VA Educational Work-Study allowances.

**Do not include** federal veterans' educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

Name of Person Who Received Benefit	Type of Benefit Received	Annual Amount of Benefit Received in 2019
		\$
		\$

**E. OTHER UNTAXED INCOME NOT REPORTED IN THIS SECTION**

List any other untaxed income not reported elsewhere on this form, such as workers' compensation, disability, etc., including untaxed portions of health savings accounts from IRS Form 1040–line 25.

**Do not** include extended foster care benefits, student aid, earned income credit, additional child tax credit, TANF, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax special fuels.

Name of Person Who Received the Untaxed Income	Description of Untaxed Income	Annual Amount Received in 2019
		\$

**F. MONEY OR CASH THAT THE STUDENT RECEIVED IN 2019 FROM OTHERS OR AMOUNT OF STUDENT'S BILLS THAT WERE PAID BY SOMEONE ELSE**

List any money you received or any of your bills paid for you by someone else during 2019. Examples include the amount someone else paid for your rent, utility bills, car payments, or other bills that were in your name, as well as gifts of money or gift cards.

Name of Person Who Received Benefit	Source of Money or Benefactor Who Paid Parents' Bills	Purpose/Description	Annual Amount in 2019
			\$
			\$

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent signature (if student is Dependent)*

\_\_\_\_\_  
*Date*