

Parent Additional Financial Information & Untaxed Income 2014-2015

| STUDENT INFORMATION | | | | | | | |
|---------------------|--------|-------|-----------|--|--|--|--|
| Student Name | | | Banner ID | | | | |
| | Last | First | MI | | | | |
| PARENT INFORM | IATION | | | | | | |

Please provide the following information. Most of the information is from your 2013 Federal Income Tax Return or W-2. Did you (or your spouse) receive any of the following items in 2013?

List annual amounts for 2013: If you had none, indicate by listing "\$0" on the line. Do not leave it blank.

| UNTAXED INCOME | PARENT(S) |
|---|-----------|
| 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 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). | |
| | \$ |
| IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh, and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17. | |
| | \$ |
| Child support received for any of your parent's children. Do not include foster care or adoption payments. | \$ |
| Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b. | |
| | \$ |
| Untaxed portions of IRA distributions IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero. | |
| | \$ |
| Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero. | |
| | \$ |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing. | |
| · | \$ |
| Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | |
| | \$ |
| Other untaxed income not reported elsewhere, 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, combat pay, benefits from <i>flexible</i> spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for | |
| federal tax on special fuel. | \$ |

Page 1 of 2

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Miami University - One Stop for Student Success Services - 301 S. Campus Ave. - Oxford, OH 45056 513-529-0001 - Email: OneStop@MiamiOH.edu - Fax: 513-529-8713 - Web: MiamiOH.edu/OneStop

| | Student Name Banner ID | | | | | |
|--|---------------------------------------|---|--------------------|--|--|--|
| st annual amounts for 2013: | If you had none, indica | ate by listing "\$0" on the line. Do not leave | it blank. | | | |
| | ADDITIONAL FINANC | CIAL INFORMATION | PARENT(S) | | | |
| Education credits (American Oine49 or 1040A—line31. | oportunity, Hope or Lifet | time Learning tax credits) from IRS Form 104 | 4 0- | | | |
| our parent(s)' taxable earning eed-based employment porti | · · · · · · · · · · · · · · · · · · · | loyment programs, such as Federal Work-St ssistantships. | | | | |
| | iving allowances and int | the IRS in your adjusted gross income. Includerest accrual payments), as well as grant or | udes | | | |
| Combat pay or special combat gross income. Do not include u | | ount that was taxable and included in your a | sidjusted \$ | | | |
| Earnings from work under a co | operative education pro | gram offered by a college. | \$ | | | |
| | | | | | | |
| SIGNATURES (REQUIRED) | | | | | | |
| SIGNATURES (REQUIRED) ERTIFICATION: I certify that all | information reported to | o qualify for federal student aid is complete | and correct. | | | |
| | information reported to Date | o qualify for federal student aid is complete Parent Signature (required) | and correct. Date | | | |
| ERTIFICATION: I certify that all | | | | | | |

Page 2 of 2

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