

Student Name \_\_\_\_\_ Banner ID + \_\_\_\_\_

Student Email \_\_\_\_\_@MiamiOH.edu Phone # for questions about form: \_\_\_\_\_

**STUDENT INFORMATION:** Provide the following information for the student (and spouse, if applicable) utilizing the 2017 Federal Income Tax Return or W2.

**List annual amounts for 2017: If no value, enter \$0 on the line, do not leave blank.**

| UNTAXED INCOME   | STUDENT<br>( AND SPOUSE)<br>(If no value, enter \$0.<br>Do not leave blank) |
|--|---|
| Payments to tax-deferred pension and retirement 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. <b>Do not include</b> 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 the children. <b>Do not include</b> foster care or adoption payments.  | \$  |
| Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.  | \$  |
| Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). <b>Exclude rollovers.</b> If negative, enter a zero.  | \$  |
| Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). <b>Exclude rollovers.</b> 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). <b>Do not include</b> the value of on-base military housing or the value of a basic military allowance for housing.   | \$  |
| Veteran’s 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 benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25.<br><b>Do not include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from <i>flexible</i> spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. | \$  |
| Money received, or paid on the student’s (and spouse’s) behalf (e.g. bills), not reported elsewhere on the form. This includes money received from a parent or other person whose financial information is not reported on the FAFSA and that is not part of a legal child support agreement.  | \$  |

**Please return this form to the One Stop:**

Miami University - One Stop - 301 S. Campus Ave. - Oxford, OH 45056 513-529-0001

Email: OneStop@MiamiOH.edu - Fax: 513-529-8713 - Web: MiamiOH.edu/OneStop

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Student Name \_\_\_\_\_ Banner ID + \_\_\_\_\_

| <b>STUDENT INFORMATION:</b> Provide the following information for the student (& spouse, if applicable) utilizing the 2017 Federal Income Tax Return or W2.  |  |
|--|--|
| <b>List annual amounts for 2017: If no value, enter \$0 on the line, <u>do not leave blank</u>.</b>  |  |
| <b>UNTAXED INCOME</b>  | <b>STUDENT<br/>(&amp; SPOUSE)<br/>(If no value, enter \$0.<br/>Do not leave blank)</b> |
| Education credits (American Opportunity, and Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A—line 33.   | \$   |
| Student's (and spouse) taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.  | \$   |
| Student or spouse's college grant and scholarship aid <b>reported to the IRS as income</b> . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships. | \$   |
| Combat pay or special combat pay. Only enter the amount that was taxable and included in student's (and spouse) adjusted gross income. Do not include untaxed combat pay.  | \$   |
| Earnings from work under a cooperative education program offered by a college.   | \$   |

**CERTIFICATION:** I certify that all information reported to qualify for federal student aid is complete and correct and that purposely giving false or misleading information may lead to fines, prison or both.

\_\_\_\_\_  
Student Signature (Original, not typed)      Date                      Parent Signature (Original, not typed)      Date  
(required for dependent students ONLY)