FINANCIAL AID OFFICE



2100 16th Avenue South, Great Falls, MT 59405 [406] 771.4334 Fax: [406] 771.4410 www.gfcmsu.edu

2023-2024 Untaxed Income Form

Name:		ID#:		
hat before awa provided correct other required information was and submit the contact us as s	arding Fed of informat document s reported form and c oon as pos	olication for Federal Student Aid (FAFSA) was selected for review in a process called verification for Federal Student Aid, we may ask you to confirm the information you reported on your FAFS ion, we will compare your FAFSA with the information on this institutional verification does. If there are differences, your FAFSA information may need to be corrected. You on the FAFSA must complete and sign this institutional verification document, attach any other required documents to us. We may ask for additional information. If you have questions so that your financial aid will not be delayed. **Tudent and/or Parent W-2 forms MUST be attached to this form states.**	SA. To verify that you cument and with any and a parent whose required documents ons about verification	
Student &	Spouse	2021 Untaxed Income Source	Parent(s)	
\$	/yr	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 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits). Attach 2021 W-2.	\$	
\$	/yr	Child support received for any of your children. Don't include foster care or adoption payments.	\$	
\$	/yr	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	
\$	/yr	Veteran non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	
\$ Source:	/yr	Other untaxed income not reported in above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 —Schedule 1, line 12. (Don't include extended foster care benefits, 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, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.)	\$ Source:	
\$ Source:	/yr	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$ Source:	
knowledge. I/w	the signatu	ures below, all the information provided by myself and/or others is true and complete to t and that the Financial Aid Office may request additional documentation to verify the abov	e information. (Note	
		lent, you and a parent must sign this form; if you are married, you and your spouse must Date:		
		ature: Date:		
		Date:		

Submit completed form through secure means (fax, U.S. mail, personal delivery). To maintain security, do not email the completed form.