



## 2021-2022 Dependent Verification of Untaxed Income

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This form is to verify untaxed income reported on the FAFSA. These figures typically are not greater than the Adjusted Gross Income (AGI) for a student or their parent(s). Please confirm the amounts for untaxed income reported on the FAFSA.

### A. Student Information

		<b>University ID (UID) – Required.</b>
Last Name ( )	First Name M.I. ( )	U
Student Cell Phone Number	Parent Phone Number	

### B. Untaxed Income

Please do not leave items blank. Enter -0- for items that do not apply.

	Amounts for 2019 Student	Amounts for 2019 Parent(s)
<b>a</b> <b>Payments to tax-deferred pension and retirement savings</b> List any payments (direct or withheld from earnings) to <u>tax-deferred pension and retirement savings plans</u> (e.g., 401(k) or 403(b) plans); including, but not limited to amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.	\$	\$
<b>b</b> <b>IRA deductions and payments to self-employed SEP, SIMPLE Keogh and other qualified plans</b> Reported on 2019 IRS Form 1040, Schedule 1, Line 15 + Line 19.	\$	\$
<b>c</b> <b>Child Support received</b> List the total amount of child support <b>you received*</b> in 2019. <small>*Child support received as a result of a divorce, separation, or legal requirement</small>	\$	\$
<b>d</b> <b>Tax exempt interest income</b> Reported on 2019 IRS Form 1040, Line 2a	\$	\$
<b>e</b> <b>Untaxed portions of IRA, Pension and Annuity distributions</b> Reported on 2019 IRS Form 1040, line 4a minus 4b and line 4c minus 4d. <b>Do Not Include rollovers. If negative amount, enter zero in the box.</b>	\$	\$
<b>f</b> <b>Housing, food, and other living allowances paid to members of the military, clergy, and others</b> Include cash payments and/or the cash value of benefits received.	\$	\$
<b>g</b> <b>Veteran's non-education benefits</b> List the total amount of Veterans non-education benefits <u>received in 2019</u> . Include Disability, Death Pension or Dependency & Indemnity Comp. (DIC) and/or VA Educational Work Study allowances.	\$	\$
<b>h</b> <b>Other untaxed income:</b> worker's compensation, disability, Railroad Retirement Benefits, etc. <b>Do not include:</b> welfare, social security, SSI, WIA educational benefits, financial aid or combat pay.	\$	\$
<b>i</b> <b>Money received or paid on the student's behalf</b> List any money received or paid on the student's behalf in 2019 and not reported elsewhere on this form. (ex.: payment of student's bills)	\$	XXXXXX

### C. Certification - I (We) certify that all information is complete and correct

Forms that cannot be signed electronically with DocuSign® must be printed and hand-signed. Signatures cannot be typed, copied & pasted, superimposed, or created with a mouse or stylus.

	/ /		/ /
<b>Student Signature</b>	<b>Date</b>	<b>Parent Signature</b>	<b>Date</b>