



2019 - 2020 PARENT ADDITIONAL FINANCIAL INFORMATION FORM

STUDENT NAME: _____ SPU ID: _____

This form is to verify the figures entered for question 93, Parents' **2017** Additional Financial Information, on your 2019 – 2020 Free Application for Federal Student Aid (FAFSA). Please list the amounts earned or paid in each category. **Do not leave any blank spaces. If an answer is zero or does not apply, enter "0".**

Note: FAFSA applicants must submit tax information from **two** years prior—in this case, **2017**.

	Amount
Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form 1040 – line 50 or 1040A – line 33.	
Child support paid because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household.	
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	
Parent grant and scholarship aid reported to the IRS labeled as ' SCH ' in the wages section on your tax return(s). If not on tax return, <u>DO NOT REPORT:</u> <ul style="list-style-type: none"> • any scholarships/grants used to pay educational expenses • any scholarship/grant amounts reflected on the 1098-T tax form NOTE: Scholarships and grants which may be taxed if they exceed educational costs (typically only tuition, fees, books/supplies) include AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships. See IRS Publication 970 for more detail about tax obligations and benefits related to financial aid.	
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income . Do not enter untaxed combat pay reported on the W-2.	
Earnings from work under a cooperative education program offered by a college.	

By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

Parent Signature

Date

Phone

Email