Total Amount of Income for 2015

Student/Spouse Non-Tax Filing Statement 2017-2018 Academic Year

Student Name:		
Student ID:		
Permanent Address	Phone	NEW
IMPORTANT NOTICE: Due to new federal regincome (rather than 2016). The filing status and in		1.1
If you did not file and are not required to file a appropriate box or boxes and complete the sect Student Spouse The student and/or spouse was not employ The student and/or spouse was employed in	tions below: red and had no income earned to	from work in 2015 .
sources of income, the amount earned from provided. Please provide copies of all 2015 employer even if the employer did not issu I (we) affirm that I (we) did not and will not file a of the information related to my application for air authorized individual, I (we) agree to give proof (we)	5 IRS W-2 forms issued to the le a W-2 statement. 2015 Federal Income Tax Ret d is true and correct to the best via IRS form 4506-T) of any ir	urn and are not required to file. All of my knowledge. If asked by an aformation which I (we) have
provided. I realize that if proof is not provided wh I (we) had the following sources of untaxed incorthese figures. **If you had zero income for t	me in 2015 . Please attach docu	mentation, if available, to verify
Employer's Name/Source of Income	2015 Amount	IRS W-2 Provided?
ABC's Auto Body Shop (example)	\$4,500.00	Yes

The income you and/or your family reported on the FAFSA was unusually low. Please complete the chart on the following page to explain how the family was supported in 2015. Please see pages 3 and 4 for additional instructions for reporting resources.

Supplemental Financial Aid Information

DO NOT LEAVE THIS SECTION BLANK. If a particular source of income does not apply to you, please indicate a "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.

ANNUAL EXPENSES FOR 2015		ANNUAL RESOURCES FOR 2015		
Rent/Mortgage	\$	Wages	\$	
Food	\$	Child Support Received Name of Adult Who Received the Support: Name of Child(ren) for Whom Support Was Received:	\$	
Utilities	\$	Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and others Name of Recipient: Type of Benefit Received:	\$	
Medical (out-of-pocket)	\$	Veterans Non-education Benefits Name of Recipient: Type of Veterans Non-education Benefit:	\$	
Clothing	\$	Workers' Compensation	\$	
Personal	\$	Money Received or Paid on the Student's/Parent's Behalf Purpose: (e.g., Cash, Rent, Books) Source:	\$	
Tuition (Amount not paid by Financial Aid)	\$	Other Untaxed Income Name of Recipient: Type of Other Untaxed Income:	\$	
Other Expenses (Please describe)	\$	Additional Resources/Information Name of Recipient: Type of Financial Support:	\$	
TOTAL EXPENSES FOR 2015	\$	TOTAL RESOURCES FOR 2015	\$	

PLEASE NOTE: Your resources should be able to cover your total expenses.

Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (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.

Name of Person Who Made the Payment	Total Amount Paid in 2015	

Supplemental Financial Aid Information

Additional Instructions for Reporting Resources

Answer each question below as it applies to the student (and the student's spouse, if married).

2015 IRS W-2 forms: Provide copies of all 2015 IRS W-2 forms issued by the employers to the independent student and spouse, if the student is married.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received that amount. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month during 2015.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Child support received

List the actual amount of any child support received in 2015 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

• Housing, food, and other living allowances paid to members of the military, clergy, and others Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

• Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans' educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in Payments to Tax-deferred Pension & Retirement Savings, Child Support Received, Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others, Veterans Non-education Benefits as listed above in their respective sections of this form. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) 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.

Supplemental Financial Aid Information

• Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2017–2018 FAFSA. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions. Amounts paid of the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student, such as grandparents, aunts, and uncles of the student.

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•	Additional	l information:
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Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page with the student's name and ID number at the top.

Comments:			
		on reported is complete and correct to the misleading information, you may be fined,	
Student's Signature	Date		
Spouse's Signature	Date	Spouse Printed Name	

Please mail form to: Marist College • Office of Student Financial Services • 3399 North Road • Poughkeepsie, NY 12601

Please email form to: studentfinancialservices@marist.edu

Please fax form to: (845) 575-3099