

Office of Financial Aid 8800 O Street Lincoln, NE 68520 Ph: 402-437-2610 Fax: 402-437-2402

financialaid@southeast.edu

## 2023-2024 FAFSA Verification

## Parent of Dependent Student - Untaxed Income

Stude	ent Name:		Student SCC ID:						
elec egula	ted for review in a process called "Ve	erification." As part of this process the FAFSA is accurate. If any	al Student Aid (FAFSA). Your student's FAFSA, Southeast Community College is required by federal differences are found, we will make corrections port (SAR).	eral					
as so data : hrou	oon as possible. Be sure to inclusecurity guidelines, all forms must	<b>de your student's name and S</b> O be submitted to our office using o	ce of Financial Aid at Southeast Community Co CC ID on all forms you submit to our office. Done of the following methods: in person, faxed, not https://uploads.southeast.edu/financialaid.	Due to					
		Parent Untaxed Income	 e:						
	Parent Income and Tax Information applies to married, biological, adoptive and step-parents.								
veri ama	There were only minimal amounts of income, taxable and/or untaxed, reported on your student's FAFSA. Your student's FAFSA has been selected for verification to determine how your family was financially supported in 2021. Please report below any source(s) of untaxed income and the amount received by you from each source during the 2021 tax year. Enter "N/A" (Not Applicable or 0) if the type of untaxed income listed does not apply.  A. 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) that would not be included on your W-2s.  Total amount \$  B. Child support received  List the actual amount of any child support received in 2021 for the children in your household for whom you received support. Do not include								
	foster care payments, adoption payments,  Name of Parent Who Receive the Support	·	Amount of Child Support Received in 2021						
C.	Include cash payments and/or the cash value of benefits received. <b>Do not include</b> the value of on-base military housing or the value of a basic military allowance for housing.  Total amount received by parent(s). \$								
	List the total amount of veterans' non-ed	Educational Work-Study allowances. <b>Do n</b> n Assistance Program, VEAP Benefits, Post	ude Disability, Death Pension, Dependency and ot include federal veterans' educational benefits such as: -9/11 GI Bill.						

E.	E. 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, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Schedule 1-Line 13, Railroad Retirement Benefits, etc. Do not include any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.									
	Total Amount of	Other Untaxed Income received by	parent(s). \$		_					
F.	received by you	n the FAFSA or oth	urces, benefits, and o ner forms submitted to g, SNAP, TANF, etc.							
		Name of Recipient	Type of Financia	al Support	Amount of Fi Support Receive					
		lanation of any support received and		prior sections, incl	uding non-moneta	nry assistance:				
		Income from E	Income from Employment		listed forms					
		Business Income (Schedule 1-Line 3 of <b>1040</b> )			No 🗌					
	Farm Income			Yes	No 🗌					
	(Schedule 1-Line 6 of <b>1040</b> ) Income from a Partnership (Box 14 (Code A] of <b>Schedule K-1 Form 1065</b> )			Yes 🗌	No 🗌					
/we dagree ined, A Sig	certify that all of to provide prod sent to prison, o nature is requir	m, I acknowledge the follow the information reported to qualif of the information I have giver r both.  red of at least one parent/ste	fy for Federal/State st n on the form. <i>Warnir</i> pparent whose info	ng: If you purpos	ely give false or	misleading informa				
Parer	nt Signature:	E-signatures will NOT be acce	epted		Date:		_			
		Dimension Will 101 De acce	F							

I