Student Financial Services 51 Brattle Street Cambridge, Massachusetts 02138-3722 (617) 495-4293 phone (617) 410-4072 fax studentfinance@extension.harvard.edu

Middle name(s)

DATE OF BIRTH example: JAN 01 1994

## 2024-25 Verification Worksheet: Dependent Student Untaxed Income

First/Given name(s)

Your 2024-25 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process, please don't hesitate to contact our office.

**LAST 4 DIGITS OF SOCIAL SECURITY NUMBER** 

**A.** Student Information (for institutional identification purposes)

Last/Family/Sur name(s)

(a)

В.

DCE ID NUMBER (if known)

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)

See extension.narvard.edu/login if unsure	Mont	h (MMM) Day (DD)	Year (YYYY)
2022 Untaxed Income			
If any item does not apply, enter "N/A" for Not Ap	pplicable where a <i>response</i> is requested, or		
enter 0 in an area where an <i>amount</i> is requested.		STUDENT	PARENT
Payments to tax-deferred pension and retireme			
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.		\$	\$
Child support received.  List the actual amount of any child support received in 2022 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.	s, or any amount that was court-ordered but not actually		
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.		\$	\$
<b>Do not include</b> the value of on-base military housing or	the value of a basic military allowance for housing.		
Veterans non-education benefits.			
The total amount of veterans non-education benefits received in 2022. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.		\$	\$
<b>Do not include</b> federal veterans educational benefits such Education Assistance Pro-gram, VEAP Benefits	h as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents		
Other untaxed income.	TYPE OF 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  1Line 13, Railroad Retirement Benefits, etc.		\$	\$
Do not include any items reported or excluded in 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.		\$	\$

Continued on next page.

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)				
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)		

## B. 2022 Untaxed Income (continued)

Money received or paid on the student's	TYPE OF OTHER UNTAXED INCOME	STUDENT	PARENT
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 2022. Include support		\$	\$
from a parent whose information was not reported on		Ψ	Ψ
the student's 2024-25 FAFSA, but do not include			
support from a parent whose information was reported.			
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 unless the			
person is the student's parent whose information is		\$	\$
reported on the student's 2024–2025 FAFSA. Amounts			
paid on the student's behalf also include any distributions			
to the student from a 529 plan owned by someone other			
than the student or the student's parents, such as		e l	
grandparents, aunts, and uncles of the student.		\$	\$

## C. Student/Parent Signatures

By signing this worksheet, we certify that all of the information reported above is complete and correct. At least one parent must sign.		
Student's signature	Date	
Parent's name (please print)		
Parent's signature	Date	

Please upload any documents securely by logging into your account via MyDCE Portal at https://web.dce.harvard.edu/mydce-extension.

From the home page, choose "Document Uploader." In the Document Upload Form, select "Financial Aid Documents" in the "Documents" field. Click "Attachments" then the "Upload Files" button/bar to select your file(s) to upload. Click the "Submit" button.