



**Non-Taxable Income Worksheet - PARENT**  
**ACADEMIC YEAR 2017-2018**

<b>Student Name:</b> _____		
(last)	(first)	(middle initial)
<b>Last Four Digits of Student SSN: XXX - XX -</b> _____	<b>UW Student ID #:</b> _____	

**Parent(s):** To confirm your student's 2017-2018 financial aid eligibility, our office requires additional information about your 2015 income. Please complete the information below and submit this form to our office. *Respond to all questions. Incomplete forms will not be processed and will be returned to you for clarification.*

**▶▶ If the answer is zero, please indicate '0' or 'N/A'. We are not able to accept blank as an answer.**

<b>SECTION I: Parent(s):</b> Check here <input type="checkbox"/> if you did not file and were not required to file a 2015 tax form. Report your total 2015 income earned from work below, attach your 2015 W2(s), <b>AND</b> complete SECTION III.	<b>Yearly Amount Received</b> (Jan 1, 2015- Dec 31, 2015)
Parent 1 (father/mother/stepparent)	\$ _____ .00
Parent 2 (father/mother/stepparent)	\$ _____ .00

**SECTION II: Parent(s):** Check here  if you have filed your 2015 tax form. **REMINDER:** Please send our office a copy of your 2015 IRS Tax Return Transcript (foreign tax forms must be signed, translated, and converted to U.S. Dollars) **AND** complete SECTION III.

<b>SECTION III: Parent(s):</b> Report your Non-Taxable Income / Resources you received in 2015 below.	<b>Yearly Amount Received</b> (Jan 1, 2015- Dec 31, 2015)
Payments to tax-deferred pension and savings plans including, but not limited to, amounts reported on the W-2 forms box 12a through 12d codes D, E, F, G, H and S (do not include code DD).	\$ _____ .00
Child support received for all children listed in household	\$ _____ .00
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <i>Do not include the value of on-base military housing or the value of a basic military allowance for housing.</i>	\$ _____ .00
Veterans <i>non</i> -education benefits	\$ _____ .00
Other non-taxable income received (workers comp, disability, health savings accounts from IRS Form 1040 – line 25, etc.). List all sources: _____	\$ _____ .00

<b>PUBLIC ASSISTANCE RECEIVED IN 2015 OR 2016</b>
<b>Parent(s):</b> Did you or any member in your household receive assistance through any of the following programs during 2015 or 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check the box(es) and indicate amount if any that apply to your household.
<input type="checkbox"/> <b>Free/Reduced Lunch</b> <input type="checkbox"/> <b>Medicaid or SSI:</b> \$ _____ .00 <input type="checkbox"/> <b>SNAP (Food Stamps):</b> \$ _____ .00 <input type="checkbox"/> <b>TANF:</b> \$ _____ .00 <input type="checkbox"/> <b>WIC:</b> \$ _____ .00

<b>I certify the information provided on this form is true and complete to the best of my knowledge.</b>	
Parent Name: _____	
Parent Signature: _____	Date: _____