

**VERMONT TECHNICAL COLLEGE  
2005-2006 UNTAXED INCOME WORKSHEET B**

Student Name: \_\_\_\_\_ SS # \_\_\_\_\_

We are currently in the process of verifying the information you submitted on the Free Application for Federal Student Aid (FAFSA). According to the Student Aid Report (SAR) you reported \$ \_\_\_\_\_ as other untaxed income. Please list the source(s) of the amount reported on the worksheet below and return this completed form to the financial aid office.

Student (and Spouse)	Report Annual Amounts	Parent(s) Information
\$ _____	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D,E,F,G,H and S	\$ _____
\$ _____	IRA deductions and payments to self-employed, SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-total of lines 25 +32 or 1040A-line 17	\$ _____
\$ _____	Child support you received for all children, Don't include foster care or adoption	\$ _____
\$ _____	Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b	\$ _____
\$ _____	Foreign income exclusions from IRS Form 2555-line43 or 2555EZ-line-18	\$ _____
\$ _____	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative enter a zero here	\$ _____
\$ _____	Credit for federal tax pm special funds from IRS Form 4136-line 10(non farmers)	\$ _____
\$ _____	Housing, food and other living allowances paid to members of the military, clergy and others(including cash payments and cash value of benefits)	\$ _____
\$ _____	Veterans' noneducation benefits such as Disability, Death Pension, or dependency and Indemnity Compensation (DIC) and/or VA Educational Work Study allowances	\$ _____
\$ _____	Any other untaxed income or benefits not reported elsewhere on Worksheets A or B, Such as worker's compensation, untaxed portions of railroad retirement benefits, Black lung benefits, disability etc. Don't include student aid, Workforce Investment Act or benefits from flexible spending arrangements eg cafeteria plans	\$ _____
\$ _____	Money received or paid on your behalf (eg bills) not reported elsewhere on this form	\$ _____
\$ _____	<b>Student Total</b>	<b>Parent Total</b> \$ _____

I/we certify that all information provided by me/us on this form is complete and correct to the best of my knowledge.

Student Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Mother/Stepmother's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Father/Stepfather's Signature \_\_\_\_\_ Date: \_\_\_\_\_



