

Student Name \_\_\_\_\_ Banner ID + \_\_\_\_\_

Student Email \_\_\_\_\_@MiamiOH.edu Daytime Phone #: \_\_\_\_\_

 For more information on verification and other important terms, please visit [MiamiOH.edu/Verification](https://miamiOH.edu/Verification).

<b>UNTAXED INCOME INFORMATION</b>	
<b>Provide the student and spouse's (if applicable) <u>annual</u> combined amounts utilizing the 2019 Federal Income Tax Return or W-2.</b>	<b>If no value, enter \$0. DO NOT LEAVE BLANK</b>
Child support received for all children. <b>Do not include</b> foster care or adoption payments.	\$
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a, 12b, 12c, 12d, only include codes D, E, F, G, H, and S. <b>Do not include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1 – total of lines 15 + 19.	\$
Tax exempt interest income from IRS Form 1040—line 2a.	\$
Untaxed portions of IRA distributions and pensions from IRS Form 1040—(lines 4a + 4c) minus (lines 4b + 4d). Exclude rollovers. If negative, enter a zero here.	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Do not include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$
Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
Other untaxed income not reported in items 44a through 44g on the FAFSA application, such as workers' compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1—line 12. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act 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.	\$
Money received, or paid on the student and/or spouse's (if applicable) behalf (e.g., bills), not reported elsewhere on this form. This includes money received from a parent or other person whose financial information is not reported on the FAFSA and that is not part of a legal child support agreement. This also includes distributions to the student from a 529 plan that is owned by someone other than the student or parents (i.e., grandparents, aunts, uncles, and non-custodial parents).	\$

**Please return this form to the One Stop:**

Miami University - One Stop - 301 S. Campus Ave. - Oxford, OH 45056 513-529-0001

Email: OneStop@MiamiOH.edu - Fax: 513-529-8713 - Web: MiamiOH.edu/OneStop

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<b>ADDITIONAL FINANCIAL INFORMATION</b>	
<b>Provide the student and spouse's (if applicable) <u>annual</u> combined amounts utilizing the 2019 Federal Income Tax Return or W-2.</b>	<b>If no value, enter \$0. DO NOT LEAVE BLANK</b>
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040 Schedule 3 —line 3.	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
Taxable college grant and scholarship aid <b>reported to the IRS as income</b> . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. <b>Do not include</b> untaxed combat pay.	\$
Earnings from work under a cooperative education program offered by a college.	\$

**CERTIFICATION:** I certify that all information reported to qualify for federal student aid is complete and correct, and that purposely giving false or misleading information may lead to fines, prison, or both.

\_\_\_\_\_  
Student Signature (Wet signature only)      Date                      \_\_\_\_\_  
Parent Signature (Wet signature only)      Date  
(Required if student is dependent)

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