



Barnard College

Untaxed Income and Benefits Form

Student Name: _____

Parent Name(s): _____

List the amounts of untaxed income not reported on your tax return or verification documents. **Please DO NOT leave any blanks where dollar amounts are requested (a blank is not considered an answer).** If a question does not apply to you or your parent(s), please write the number “0” or “N/A”.

Year 2019	Parent	Student
Alimony	\$	\$
Child support received for all children in the household	\$	\$
Disability Benefits	\$	\$
Financial assistance from church	\$	\$
Financial assistance from charitable organizations	\$	\$
Financial support received from family and/or friends (please attach explanation)	\$	\$
Hobby Income	\$	\$
Housing, food and other living allowances paid to members of the clergy, the military or others	\$	\$
Life Insurance	\$	\$
Lottery/Gambling winnings	\$	\$
Payments to tax-deferred pension and retirement savings (as reported on the W-2 forms in boxes 12a through 12d, codes D, E, F, G, H and S)	\$	\$
Self-Employment Income (please attach explanation)	\$	\$
Unemployment Benefits	\$	\$
Untaxed Foreign Income (please attach explanation)	\$	\$
Veterans Non-Educational Benefits (Disability, Pension, Indemnity Compensation, VA Educational Work Study Allowance)	\$	\$
Workman’s Compensation	\$	\$
Other Untaxed Income (please attach explanation)	\$	\$

By signing this form, I certify that all of the information reported is complete and correct.
(The student and at least one parent reporting information on this form must sign the form.)

Student Signature. Student Name (Please Print) Date

Parent Signature Parent Name (Please Print) Date