

**Wallace Community College**  
**2019-2020 400/401 Comment Code Verification Worksheet**  
**Federal Student Aid Programs**

**Dependent**

STUDENT NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

Calendar Year 2017	2019-2020 DEPENDENT	Calendar Year 2017
<u>ANSWER EACH QUESTION</u>		
STUDENT	2017 ADDITIONAL FINANCIAL INFORMATION – REPORT ANNUAL AMOUNTS	PARENT
\$	Education credits (American Opportunity and Lifetime Learning tax credit) from IRS forms 1040-line 50 or 1040A-line 33.	\$
\$	Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children you claimed in your household, as reported in question 73.	\$
\$	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 or 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>Don't include</b> untaxed combat pay.	\$
\$	Earnings from work under a cooperative education program offered by a college.	\$
STUDENT	2017 Untaxed Income	PARENT
\$	Payments to tax-deferred pension and retirement savings plan (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes, D, E, F, G, H, and S. <b>Don't 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-line 28 + line 32 or 1040A-line 17.	\$
\$	Child support received for all children. <b>Don't include</b> foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). <b>Exclude rollovers</b> . If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). <b>Exclude rollovers</b> . 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>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans' non-education benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income or benefits not reported in items 45a through 45h for student and 94a through 94i for parent, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. <b>Don't include</b> 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 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 your behalf (e.g. bills) not reported elsewhere on form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.	XXXXXXXXXX

**D. SIGN THIS WORKSHEET**

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.  
**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature (one required) \_\_\_\_\_

Date \_\_\_\_\_

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