



# 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 _____	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