



State Grant and Special Programs
Phone: 1-800-692-7392 Fax: 717-720-3786

2009-10 UNTAXED INCOME VERIFICATION FORM
(INDEPENDENT STUDENT)

(NOTE: Deadline for returning this form and 2008 tax documents to PHEAA is April 1, 2010.)

Print Student's Name

Student's Social Security Number grid

Student's Social Security Number

OR

Student's Account Number grid

Student's Account Number

2009-10

IN ADDITION TO COMPLETING THIS FORM, PHEAA REQUIRES A COMPLETE COPY OF THE 2008 U.S. INCOME TAX RETURN THAT YOU (AND YOUR SPOUSE, IF MARRIED) FILED WITH IRS IF SUCH HAS NOT BEEN PREVIOUSLY SUBMITTED.

- 1. Indicate the total amount of 2008 untaxed income from EACH of the sources listed below. Do not include any taxed income reported on the 2008 U.S. Income Tax Return. IF ZERO APPLIES, PLEASE ENTER ZEROS. DO NOT PROVIDE MONTHLY AMOUNTS.
a. 2008 payments to tax-deferred pension and savings plans...
b. 2008 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh...
c. Child support received for all children in 2008...
d. 2008 tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b...
e. 2008 untaxed portions of IRA distributions from IRS Form 1040-lines...
f. 2008 untaxed portions of pensions from IRS Form 1040-lines...
g. Housing, food, and other living allowances paid to members of the military, clergy and others...



- h. 2008 veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ \_\_\_\_\_
- i. Other 2008 untaxed income not reported elsewhere on this form, such as workers compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, or benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. \$ \_\_\_\_\_
- j. Money received, or paid on your family's behalf (e.g., bills, living/college expenses, etc.) in 2008 not reported elsewhere on this form. \$ \_\_\_\_\_

THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMATION ON THIS FORM MAY BE REPAYMENT OF TRIPLE ANY AMOUNT OF MONEY RECEIVED PLUS A FINE AND/OR IMPRISONMENT.

Signature of Student	Date	Signature of Spouse	Date
----------------------	------	---------------------	------

You will be notified of your eligibility or change in eligibility upon receipt and review of this correspondence by PHEAA staff. PHEAA staff is available to answer your questions at 1-800-692-7392 (TDD for hearing impaired ONLY: 717-720-2366).

State Grant and Special Programs