

Student's name \_\_\_\_\_

SSN or Tech ID \_\_\_\_\_

Through the process of verification, our office has discovered inconsistencies between the information you submitted on the Federal Student Aid Application (FAFSA) and the verification worksheet. Please complete this form with annual amounts and return to the Office of Financial Aid.

\*\*\*\*\* Please indicate correct value below \*\*\*\*\*  
Calendar Year 2018

Enter yearly total amounts to the nearest whole dollars or if the amount is zero, please enter 0.

Student/Spouse

Parent/Stepparent

\$ _____	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on W-2 form in Box 12a -12d, Codes D,E,F,G,H, and S. Include untaxed portions of 401(k) and 403(b) plans	\$ _____
\$ _____	Deductible IRA and/or Keogh, SEP, or SIMPLE payments found on IRS Form 1040 - total of lines 28 plus 32	\$ _____
\$ _____	Child support <b>received</b> for all children in 2018. Don't include foster care or adoption payments	\$ _____
\$ _____	Tax exempt interest income from IRS Form 1040-line 8b	\$ _____
\$ _____	Untaxed portions of IRA Distributions from IRS 1040-(line 15a minus 15b) excluding rollovers	
\$ _____	Untaxed portions of pensions from IRS 1040-(line 16a minus 16b) excluding rollovers.	\$ _____
\$ _____	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$ _____
\$ _____	Veteran's non-education benefits, such as Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational work study allowances	\$ _____
\$ _____	Other untaxed income such as workers' compensation, untaxed portions of railroad retirement benefits, Also include untaxed portions of health savings account from IRS Form 1040-line 25. Black Lung Benefits, disability, Refugee Assistance, Resettlement Funding, etc. Don't include student aid, Workforce Investment Act educational benefits, combat pay, earned income credit, SSI untaxed Social Security benefits, benefits from flexible spending arrangements (e.g, cafeteria plans), additional child tax credit, welfare payments, foreign income exclusion or credit for federal tax on special fuels	\$ _____
\$ _____	Cash received or any money paid on your behalf, not reported elsewhere on this form	XXXXXXXX
\$ _____	<b>Student (and Spouse) Total</b>	<b>Parent/Stepparent Total</b> \$ _____

Student Signature \_\_\_\_\_

Parent/Stepparent Signature \_\_\_\_\_

Mail completed form to: M State Central Processing, 1414 College Way, Fergus Falls, MN 56537