



2018-2019 Other Financial & Income Information

Student Name: _____ NMC Student ID: _____

UNTAXED INCOME

Do **NOT** leave blank

Calendar Year 2016	Student/Spouse	Parent(s)															
Payments to tax-deferred pension and retirement saving plans (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. DON'T include 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 any of your children. Don't include 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). Exclude Rollovers. If negative, enter a zero here.	\$	\$															
Untaxed portions of pensions from IRS Form 1040- lines (16a minus 16b) or 1040A- lines (12a minus 12b). Exclude Rollovers. 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). DON'T include 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 not reported in items listed above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS 1040-Line 25. DON'T include 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 a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$	\$															
List any money received or paid on the student's (or student's spouse, if student is married) behalf (e.g., payment of bills) not reported elsewhere on this form. Enter the total amount of cash or in-kind support that was received in 2016. For example, if someone is paying rent, utility bills, etc. or gives cash, gift cards, etc. include the amount of that person's contributions. Amounts paid also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, or uncles of the student.	\$																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Purpose: e.g., Cash, Rent, Books</th> <th style="width: 30%;">Amount Received in 2016</th> <th style="width: 40%;">Name of Payer & relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Purpose: e.g., Cash, Rent, Books	Amount Received in 2016	Name of Payer & relationship														
Purpose: e.g., Cash, Rent, Books	Amount Received in 2016	Name of Payer & relationship															
Total	\$	\$															

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail or both.

Student's Printed Name: _____

NMC ID: _____

Student Signature: _____

Date: _____

Parent Signature: _____
(if dependent per FAFSA)

Date: _____

Non-Discrimination Policy Notice Northwestern Michigan College (NMC) is committed to a policy of equal opportunity for all persons and does not unlawfully discriminate on the basis of race, color, national origin, religion, disability, genetic information, height, weight, marital status or veteran status in employment, educational programs and activities and admissions.
nmc.edu/nondiscrimination

Submit to: **Northwestern Michigan College - Enrollment Services**
1701 E. Front Street, Traverse City, MI 49686-3016
(231) 995-1035 • (800) 748-0566 • fax (231) 995-1937
Email: sfs@nmc.edu • Website: www.nmc.edu/financialaid