

The financial aid application(s) (*PROFILE* and/or *FAFSA*) you have submitted contain unclear information regarding parental and/or student untaxed income for 2008 that does not appear on the U.S. income tax return. Please complete the questions below and return this form to the Office of Student Financial Aid. Wake Forest will use the responses you provide on this form, along with copies of tax return(s) and W-2 forms, to make a decision regarding demonstrated need and to make any necessary corrections in the calculation of federal aid program eligibility. If you have questions, please call (336) 758-5154. **DO NOT LEAVE ANY LINE BLANK; ENTER "0" IF THE ITEM DOES NOT APPLY.**

| 2008 Untaxed Income | Student (and Spouse) | Parent(s) |
|---|-----------------------------|----------------------|
| (1) Welfare benefits (except AFDC or ADC), including TANF | \$ _____ | \$ _____ |
| (2) Social Security benefits (please attach copies of all forms SSA-1099 for the student's household) | \$ _____ | \$ _____ |
| (3) Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 form in Boxes 12a through 12d, codes D, E, F, G, H, and S. Include untaxed portions of 401(k) and 403(b) plans. | \$ _____ | \$ _____ |
| (4) Child support received for all children. | \$ _____ | \$ _____ |
| (5) Housing, food, and other living allowances (excluding rent subsidies for low-income housing) paid to members of the military, clergy, and others (including cash payments and cash value of benefits). | \$ _____ | \$ _____ |
| (6) Veteran's non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. | \$ _____ | \$ _____ |
| (8) Any other untaxed income and benefits, such as combat pay, worker's compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, Refugee Assistance, etc. PLEASE DESCRIBE ANY AMOUNTS: _____ | \$ _____ | \$ _____ |
| (9) Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. PLEASE DESCRIBE ANY AMOUNTS: _____ | \$ _____ | \$ <u>XXXXXXXXXX</u> |

Don't include: money from student financial aid, food stamps, "rollover" pensions, JTPA benefits, gifts/support (other than money) received from friends or relatives, Veteran's educational benefits, Workforce Investment Act educational benefits, benefits from flexible spending arrangements (eg., cafeteria plans), or payments received from states for foster care and adoption assistance under Title IV-A or IV-E of the Social Security Act.

I certify that the information reported on this form is correct and complete to the best of my knowledge.

Student's Printed Name

Student's WFU ID#

Student's Signature

Date Signed

Parent's Signature (father or stepfather)

Date Signed

Parent's Signature (mother or stepmother)

Date Signed