WAUKESHA COUNTY TECHNICAL COLLEGE

2024–2025 Dependent Student Untaxed Income Verification

Financial Aid Department
800 Main Street, Room C-019
Pewaukee, WI 53072
262.691.5578 (Phone); 262.691.5123 (Fax)
money@wctc.edu

Student Information

First name: _____ Last name: _____

Student ID: _____ Date of birth: _____

As part of the verification process for your 2024-2025 FAFSA, you and your parent(s) must verify any untaxed income received in 2022. Please report any untaxed income received in 2022 in the table below.

	Student	Parent(s)
Payments to tax-deferred pension or savings plans Include any amount listed on your 2022 W-2 in Box 12a-12d with any of the following codes: D, E, F, G, H, and S	$	$
Child support received For any of your parent(s) children for the last calendar year *Do **not** include foster care or adoption payments*	$	$
Housing, food and other living allowances paid to members of the military, clergy and others *Do **not** include the value of on-base military housing or the value of a basic military allowance for housing*	$	$
Veterans non-education benefits Including but not limited to Disability, Death Pension, Dependency & Indemnity Compensation, and VA Educational Work-Study allowances	$	$
Other untaxed income Include any untaxed earnings from work and untaxed portions of health savings accounts *Do not include foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, WIA educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion, or credit for federal tax on special fuels*	$	$
Money received or paid on the student's behalf Include any money received by the student to pay for bills in the student's name and any distributions received by the student from a 529 plan that is owned by someone other than the student's parent(s)	$	

Signatures

By signing this worksheet, you and your parent(s) certify that all information reported to qualify for federal student aid is complete and correct. **Physical signatures are required; Typed signatures are not acceptable**.

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

Student signature _____ Date _____

Parent signature _____ Date _____

Submit completed form to:
WCTC Financial Aid Department
Enrollment Center, Room C-019
800 Main Street, Pewaukee, WI 53072
262.691.5123 (Fax), money@wctc.edu
8217/19

WCTC WAUKESHA COUNTY TECHNICAL COLLEGE