

Please complete all sections using **BLACK INK**.

APU ID # _____ - _____ - _____ Social Security Number _____ - _____ - _____
 (If known)

Student Name _____
Last First Middle Initial

Use amounts for the calendar year January 1, 2007 to December 31, 2007

	Student (and Spouse)
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$ _____ .00
IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-total of lines 28 + 32 or 1040A-line 17.	+ _____ .00
Child support you received for all children. Do not include foster care or adoption payments.	+ _____ .00
Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	+ _____ .00
Foreign income exclusion from IRS Form 2555-line 45 or 2555EZ-line 18.	+ _____ .00
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.	+ _____ .00
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.	+ _____ .00
Credit for federal tax on special fuels from IRS Form 4136-line 20 (nonfarmers only).	+ _____ .00
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	+ _____ .00
Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	+ _____ .00
Any other untaxed income or benefits not reported elsewhere on Worksheets A and B, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, combat pay not reported on the tax return, etc.	
Do not include student aid, Workforce Investment Act education benefits, non-tax filers' combat pay, or benefits from flexible spending arrangements, e.g., cafeteria plans.	+ _____ .00
Money received , or paid on your behalf (e.g. bills), not reported elsewhere on this form.	+ _____ .00
TOTAL =	\$ _____ .00

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature

____/____/____
Date

MAILING ADDRESS

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