



MONTANA STATE UNIVERSITY – GREAT FALLS  
 COLLEGE OF TECHNOLOGY  
 FINANCIAL AID OFFICE  
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## 2010-2011 Untaxed Income Form

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

There may be conflicting information on the 2009 untaxed income you reported on your financial aid application and on your verification sheet. Please fill out the worksheet below; list parent income only if you are a dependent student. You must complete each line below. **DO NOT LEAVE ANY LINE ON THE FORM BLANK.** Incomplete forms will be returned and will delay the processing of your financial aid award. If you are a dependent student, you must include parental information.

Student & Spouse	Untaxed Income	Parent
\$ /yr	Child support received for all children. <b>DO NOT</b> include foster care or adoption payments.	\$ /yr
\$ /yr	Veteran's non-education benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$ /yr
\$ /yr	Workers' Compensation	\$ /yr
\$ /yr	Untaxed employment benefits	\$ /yr
\$ /yr <b>Source:</b>	Any other untaxed income or benefits not reported on this form. <b>DO include untaxed pensions. DO NOT</b> include student aid, earned income tax credit, welfare payments, untaxed Social Security benefits SSI, Workforce Investment Act educational benefits, combat pay, or benefits from flexible spending arrangements, (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels	\$ /yr <b>Source:</b>

Other (please explain): \_\_\_\_\_

As certified by the signatures below, all the information provided by myself and/or others is true and complete to the best of my (our) knowledge. I understand that the Financial Aid Office may request additional documentation to verify the above information. Note: If you are a dependent student, you and a parent must sign this form; if you are married, you and your spouse must sign.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_