

Suffolk University
Office of Financial Aid
 41 Temple Street
 Boston, MA 02114
 617-573-8470 • 617-720-3579 (fax)

Student's Name _____ **Social Security Number** _____

2007-2008 Worksheets A and B

According to information reported on your Student Aid Report for the 2007-2008 academic year, you and/or your parents reported untaxed income or benefits for the 2006 calendar year. In order to verify this untaxed income/benefit, please complete, sign and return Worksheets A and/or B. We are only asking for information that cannot be verified from your tax information.

Student/Spouse ↓	Worksheet A - Report Annual Amounts	Parent(s) ↓
	Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps or subsidized housing.	
	Social Security benefits received that were not taxed (such as SSI).	
\$	Total	\$

Student/Spouse ↓	Worksheet B - Report Annual Amounts	Parent(s) ↓
	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-12d, codes D, E, F, G, H and S.	
	Child Support received for all children. Do not include foster care or adoption payments.	
	Foreign income exclusion from IRS Form 2555 line 45 or 2555EZ line 18.	
	Untaxed portion 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 portion 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 payments).	
	Veterans' non educational benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
	Any other untaxed income or benefits not reported elsewhere on Worksheets A and B, such as workers' compensation, disability... etc.	
	Money received , or paid on your behalf (e.g. bills), not reported elsewhere on this form.	XXXXX
\$	Total	\$

Student's Signature _____

Parent's Signature _____
(Parent must sign if child is a dependent student.)

Date _____