

## 2016-2017 Additional Financial Information for Student (and Spouse)

Student ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

 Student's Full Legal Name: \_\_\_\_\_ , \_\_\_\_\_  
 (Please print clearly)                      Last                                      First                                      Middle

**Students** – The information you provide will be compared to the information on the Free Application for Federal Student Aid (FAFSA). If there are differences, our office will submit corrections to the FAFSA electronically. Please complete the worksheet below, using amounts you received during the calendar year January 1, 2015 to December 31, 2015.

Additional Financial Information	Student
Student's education tax credits (American Opportunity and Lifetime Learning tax credits) from IRS Form 1040 line 50; or 1040A line 33.	\$ _____
Student's taxable earnings from Federal Work-Study, other need-based work programs, and need-based employment portions of fellowships and assistantships.	\$ _____
Student's taxable student grants and scholarship aid <b>reported to the IRS</b> in your (the student's) adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$ _____
Student's combat pay or special combat pay. Only enter the amount that was <b>taxable and included in your adjusted gross income</b> . Combat pay is reported on the W-2 in Box 12, Code Q. Do <u>not</u> include untaxed combat pay.	\$ _____
Student's earnings from work under a cooperative education program offered by a college.	\$ _____

**Child Support: Please indicate below if either you (the student) or your spouse paid child support in 2015.** If necessary, use a separate sheet to list information about additional children.

Who paid child support? (Student or Spouse)	Amount paid <u>per</u> child in 2015	Legal name of <u>child</u> for whom support was paid	Legal name of <u>parent/guardian</u> to whom support was paid
	\$		
	\$		
	\$		

If I purposely give false or misleading information on this worksheet, I may receive a fine, a prison sentence, or both. By signing this information request, I am certifying that all information is complete and correct.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Electronic signatures are not allowed

**Spouse Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (If applicable)

*(Please Note: Email is not always a secure method of communication and may inadvertently expose your information if misdirected. Virginia Tech suggests using fax, U.S. Postal Service or personal delivery as a more secure method of delivery. If you choose to submit information through email, Virginia Tech will not be responsible for any exposure of data.)*