



2018-19 Additional Financial Information Form

You may type your information directly onto this form, print to sign, then submit it to the Office of Student Financial Aid. To avoid processing delays, do not submit this form until you have gathered all required documents/forms requested from you.

Section 1. Student Information

Last name _____ First name _____ Middle Initial _____

UA Student ID #: _____

This form has 2 pages.

Section 2. Income From Work - Calendar Year 2016

Complete the table below. Enter "0" where appropriate. Do not leave blanks. OR, in lieu of completing the table, submit copies of 2016 W2s and Schedule C/C-EZ (if applicable).	Student	Spouse	Parent #1	Parent #2
Earnings from work (wages, salaries, tips, etc.) from W2s, Schedule C/C-EZ. (Add lines 7+12+18 from 1040 form; line 7 from 1040A; or line 1 from 1040EZ.)	_____	_____	_____	_____
Payments to tax-deferred pension and retirement plans including, but not limited to, amounts reported on W-2 forms in Boxes 12 a through 12 d, codes D, E, F, G, H, and S.	_____	_____	_____	_____

Section 3. Information From 2016 Tax Forms

Complete the table below. Enter "0" where appropriate. Do not leave blanks. OR, in lieu of completing the table, submit copies of 2016 tax return transcripts from the IRS. Guidance is available here - www.uakron.edu/finaid/info	Student	Spouse	Parent #1	Parent #2
Education credits from IRS Form 1040 - line 50 or 1040A - line 33.	_____	_____	_____	_____
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form 1040 - line 28 + line 32.	_____	_____	_____	_____
Tax exempt interest income from IRS Form 1040 or 1040A - line 8b.	_____	_____	_____	_____
Untaxed portions of IRA distributions from IRS Form 1040 - lines (15a minus 15b) or 1040A lines (11a minus 11b). Exclude rollovers.	_____	_____	_____	_____
Untaxed portions of pensions from IRS Form 1040 - lines (16a minus 16b) or 1040A - lines (12a minus 12b). Exclude rollovers.	_____	_____	_____	_____

Continue to Section 4 on page 2.

Section 4. Other 2016 Financial Information

Complete the table below. Enter "0" where appropriate. Do not leave blanks.	Student	Spouse	Parent #1	Parent #2
Child Support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household (as reported on the FAFSA).	_____	_____	_____	_____
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	_____	_____	_____	_____
Taxable college grants and scholarship aid reported to the IRS as income .	_____	_____	_____	_____
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	_____	_____	_____	_____
Earnings from work under a co-op program offered by a college.	_____	_____	_____	_____
Child support received for all children. Don't include foster care or adoption payments.	_____	_____	_____	_____
Housing, food, and other living allowances received because you are a member of the clergy (and other professions) including cash payments and cash value of benefits. Don't include the value of on-base military housing or the value of a basic military allowance for housing.	_____	_____	_____	_____
Veterans non-education benefits, such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowances.	_____	_____	_____	_____
Other non-taxed income not reported elsewhere, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, untaxed Social Security/ Social Security Income benefits, etc.	_____	_____	_____	_____
Money received , or paid on your behalf (e.g. bills, etc.) not reported elsewhere on this form.	_____			

Section 5. Certification. Each person signing this worksheet certifies that all of the information reported on it is complete and accurate. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature: _____

Date: _____

**Electronic signatures will not be accepted.
Please print this form before submitting.**

Parent signature: _____
Dependent students only.

Date: _____

Section 6. Submission.

Do not submit this form until you have gathered all other required documents/forms to avoid delays in processing. When all required documents have been gathered, you may submit your information by: a) mail to the address below; b) fax to 330-972-7139; or c) deliver to the Office of Student Financial Aid, 2nd Floor, Simmons Hall. **Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with personally identifiable information.**