

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, 2006 to December 31, 2006

	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 <b>received</b> for all children. <b>Do not include</b> 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 <b>untaxed</b> 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.	
<b>Do not include</b> student aid, Workforce Investment Act education benefits, non-tax filers' combat pay, or benefits from flexible spending arrangements, e.g., cafeteria plans.	+ _____ .00
Money <b>received</b> , or paid on your behalf (e.g. bills), not reported elsewhere on this form.	+ _____ .00
<b>TOTAL =</b>	<b>\$ _____ .00</b>

*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**