

FRAMINGHAM STATE COLLEGE

Verification Worksheet B

2007-2008

INSTRUCTIONS: This form must be completed to verify the amount you reported for 2006, from Worksheet B on the Free Application for Federal Student Aid. This form must be submitted to the Financial Aid Office at Framingham State College.

	Student/Spouse	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 through 12d, codes D, E, F, G, H and S		
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		
Child support received for all children. Don't include foster care or adoption payments.		
Tax Exempt interest income from Form 1040-line 8b or 1040A-line 8b		
Foreign income exclusion from IRS form 2555-line 45; or 2555EZ-line 18		
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.		
Untaxed portion of pensions from IRS Form 1040-lines (16a minus 16b); or 1040A-lines (12a minus 12b). Excluding rollovers. If negative, enter a zero here.		
Credit for Federal tax on special fuels from IRS Form 4136-line 20(nonfarmers only)		
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)		
Veterans' noneducation benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA educational Work-Study allowances.		
Other untaxed income not reported elsewhere on Worksheets A and B, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Tax filers only: report combat pay not included in AGI (FAFSA questions 35 and 79). Don't include student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements (e.g., cafeteria plans).		
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.		XXXXXXXXXX
Totals		

Student's Name _____ I.D. # _____

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Parent's Signature _____ Date _____

(dependent student only)