

**Office of Financial Aid Services**183 Strand Union
P.O. Box 174160
Bozeman, MT 59717-4160
www.montana.edu/wwwfaTel (406) 994-2845
Fax (406) 994-6962**PARENT
SEPARATED/DIVORCED INCOME VERIFICATION**

Student's Name: _____ MSU ID: _____

Address: _____

Email: _____ Phone: _____

Your application for federal financial aid indicates that your parents are divorced or separated but a joint _____ tax return was filed. Federal regulations require that we have a signed statement from your parent indicating how the reported income was divided between your parents.

Based on their tax return and other documents, please have your parent(s) divide their income as shown below, and sign on the reverse side of this form. If there are any questions regarding this form, please contact this office.

Your parent of record is the parent for whom you reported financial information on your Free Application for Federal Student Aid (FAFSA) form. Your eligibility for aid is based upon his or her income. **Your parent of record is your ___ Mother ___ Father.**

<u>Income</u>	<u>Total on Tax Return</u>	<u>Mother</u>	<u>Father</u>
Wages, salaries, tips, etc.:	\$ _____	\$ _____	\$ _____
Interest Income:	\$ _____	\$ _____	\$ _____
Dividends:	\$ _____	\$ _____	\$ _____
Refunds of state and local taxes:	\$ _____	\$ _____	\$ _____
Alimony received:	\$ _____	\$ _____	\$ _____
Business income or loss:	\$ _____	\$ _____	\$ _____
Capital gain or loss:	\$ _____	\$ _____	\$ _____
Other gains or losses:	\$ _____	\$ _____	\$ _____
IRA distribution:	\$ _____	\$ _____	\$ _____
Pensions and Annuities:	\$ _____	\$ _____	\$ _____
Rents, Royalties, partnerships, estates, trusts, etc.:	\$ _____	\$ _____	\$ _____
Farm income or loss:	\$ _____	\$ _____	\$ _____
Unemployment compensation:	\$ _____	\$ _____	\$ _____
Social security benefits:	\$ _____	\$ _____	\$ _____
Other income:	\$ _____	\$ _____	\$ _____
<u>TOTAL INCOME:</u>	\$ _____	\$ _____	\$ _____

Total on
Tax Return

Mother

Father

Adjustments to Income

Educator expenses: \$ _____ \$ _____ \$ _____

Certain Business Expenses:
(Line 24 on 1040) \$ _____ \$ _____ \$ _____

IRA Deduction: \$ _____ \$ _____ \$ _____

Student loan interest deduction: \$ _____ \$ _____ \$ _____

Tuition and Fees Deduction: \$ _____ \$ _____ \$ _____

Medical saving account: \$ _____ \$ _____ \$ _____

Moving expenses: \$ _____ \$ _____ \$ _____

Educator expenses: \$ _____ \$ _____ \$ _____

Self-employment tax: \$ _____ \$ _____ \$ _____

Self-employed health insurance: \$ _____ \$ _____ \$ _____

Self-employed SEP, SIMPLE, etc. \$ _____ \$ _____ \$ _____

Payment to retirement fund: \$ _____ \$ _____ \$ _____

Penalty on early withdrawal of savings: \$ _____ \$ _____ \$ _____

Alimony paid: \$ _____ \$ _____ \$ _____

TOTAL ADJUSTMENTS: \$ _____ \$ _____ \$ _____

ADJUSTED GROSS INCOME: \$ _____ \$ _____ \$ _____
(Total income from other side minus total adjustments.)

TAX PAID: \$ _____ \$ _____ \$ _____
(Must be the same percentage as each person's adjusted gross income.)

Education Credits: \$ _____ \$ _____ \$ _____

Earned Income Credits: \$ _____ \$ _____ \$ _____

Additional Child Tax Credit: \$ _____ \$ _____ \$ _____

I certify that the above information is correct:

Signature of Parent

Date

Please attach a copy of parental divorce, separation, or interlocutory agreement. Failure to do so may delay further processing of your aid application.