

Boston University Financial Assistance

			BU I.D. # <u>U</u> _		
	First	M.I.	Last		
PAREN	IT(S):				
Check a	pplicable item:				
		copy of return as ac	tually submitted to the IRS. Include all return even if you elected to use the IF		
□ Tax return filed and previously submitted to			ncial Assistance on		
Not required to file a 2017 U.S. Income Tax Return. Please explain:					
	Filed foreign tax return. Please	specify country:			
	Parent #1 earnings from work		\$/year		
	Self-Employed?		YES / NO (please cir	YES / NO (please circle) \$/year YES / NO (please circle)	
	Parent #2 earnings from work		\$/year		
	Self-Employed?		YES / NO (please cir		
	Interest/Dividends		\$/year	\$/year	
	Veteran's Benefits		\$/year	\$/year	
	Social Security Benefits (total for all family members)		\$/year		
	Child Support received		\$/year		
	Alimony received		\$/year		
	AFDC/TANF/SNAP or other welfare		\$/year	\$/year	
	Worker's Compensation		\$/year		
	Military Housing Allowance		\$/year		
	Non-Military Housing, Food or	Other Allowance	\$/year	Attach a <u>signed</u> copy of original return and its	
	Income from a <u>Non-U.S. Tax R</u>	eturn	\$/year –		
	Other		\$/year	translation into English.	
loortifu	that the information above is true a	and complete			
certify		na complete.			
Parent #1 name (please print)		Parent #2 name (please print	Parent #2 name (please print)		
	1 signature	Date	Parent #2 signature	Date	

2019/2020 PARENT INCOME VERIFICATION FORM