



OFFICE OF FINANCIAL AID
 PHONE: (845) 257-3250
 FAX: (845) 257-3568

MAIL THIS FORM TO:
 SUNY New Paltz
 Financial Aid Office
 200 Hawk Drive
 New Paltz, NY 12561

Statement of Parent Income

**FORM B
 2015-2016**

Student's Name _____

Student ID _____

Check the box that applies:

- We/I did or will file a 2014 Federal Tax Return.
 (If you checked this box, **attach a signed copy of the IRS Tax Return Transcript** to this form and return it to the Financial Aid Office.)
- We/I were not employed and had no income earned from work in 2014.
- We/I were employed in 2014 but were not required to file a 2014 tax return. Provide information below and attach copies of all 2014 W-2 forms. You may be requested to provide confirmation from the IRS that you did not file a 2014 tax return.

Employer's Name	2014 Amount Earned	IRS W-2 Provided?

Other untaxed income/resources received by parents in 2014:
 (All must complete this section)

- A. Untaxed Pensions \$ _____
- B. Disability Income \$ _____
- C. Child support received for all children \$ _____
- D. Workers' Compensation \$ _____
- E. Interest/Dividends \$ _____
- F. Trust Fund Income \$ _____
- G. Bills/living expenses paid on your behalf \$ _____
- H. Housing, food, other living allowance (military/clergy) \$ _____
- I. Veteran's Noneducation Benefits \$ _____
- J. 401K/403B Contributions \$ _____
- K. Any other untaxed income _____ \$ _____

CERTIFICATION STATEMENT AND SIGNATURE:

I certify that all the information reported on this form is complete, and accurate to the best of my knowledge.

 Signature of Student

 Date

 Signature of Parent

 Date