



Financial Aid Office
 Lommasson Center 218
 Missoula, MT 59812-2232
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2022-2023

Student's Additional 2020 Income
 (January 1, 2020- December 31, 2020)

Student Name: _____ UM ID#: 790 _____
 UM E-Mail: _____ Phone#: _____

Please do your best to give estimates for the total income sources from 1/1/2020 to 12/31/2020. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to list below (e.g., \$1,000 x 12 months = \$12,000). If a line item is left blank, you are certifying you did receive that type of income in 2020.

- Documentation must be included for each of the items you list a value greater than "\$0".
- Please note that income adjustment requests for the 2020 tax year require a signed copy of the 2020 Federal Tax Return to be submitted.

2020 Income Sources (1/1/2020 - 12/31/2020)	Student	Student Spouse (if student is married)
Untaxed Income		
Child Support received	\$	\$
Tax Exempt Interest Income	\$	\$
Untaxed portions of Pension and Annuity Income	\$	\$
Other Untaxed Income: Worker's Compensation or Disability (not Social Sec.)	\$	\$
Non-Educational Veterans Benefits (Exclude GI Bill Benefits)	\$	\$
Payments to tax-deferred pensions and savings	\$	\$
IRA deductions & payments to self-employed SEP,SIMPLE,KEOG or other plans	\$	\$
Untaxed portions of IRA distributions	\$	\$
Military/Clergy Housing Allowance paid to you	\$	\$
Any other income (please itemize)	\$	\$
Additional Financial Information		
Child Support Paid	\$	\$
Alimony Paid	\$	\$
Taxable Earnings from Need-Based Work-Study	\$	\$
Student Grants or Scholarships Reported to IRS	\$	\$
Taxable Combat Pay or Special Combat Pay	\$	\$

The UM Financial Aid Office will carefully review your information, but please remember that even though the review of 2020 income may result in a lower the Expected Family Contribution (EFC), it may not result in additional financial aid.

By signing below, I certify that all of the information provided on this form is true and complete to the best of my knowledge. I understand this request may require further documentation and is subject to the professional judgment of the UM Financial Aid Office staff. Decisions are made annually and on a case-by-case basis. Any decision is final and applies **only** to UM. Please note if you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Student Signature: _____ Date: ____/____/____