



Office of Financial Aid

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 24UNTX
 320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

Verification of Other Untaxed Income for 2024

Student's Last Name	First Name	MI	Lander ID (L#)
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Your application for federal student aid was selected for a review process called "verification." In this process, federal law requires the school to collect additional documents to confirm the accuracy of the information reported on the student's **Free Application for Federal Student Aid (FAFSA)**. After all documents are received, the information will be reviewed for accuracy. If necessary, the information will be corrected on the FAFSA and aid packages adjusted accordingly.

You must return this completed form as well as all required financial documents to the Financial Aid Office within 15 days after receiving this notification to avoid delays in processing. Additional information may be requested to resolve any conflicting information.

- **If any item does not apply**, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.
- If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.
- If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.
- **To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2024, multiply that amount by the number of months in 2024 you paid or received it. If you did not pay or receive the same amount each month in 2024, add together the amounts you paid or received each month.
- If more space is needed, provide a separate page with the student's name and ID number at the top.

A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1 – total of lines 16 + 20.

Name of Person Who Made the Payment	Total Amount Paid in 2024

B. Foreign Earned Income Exclusion (Foreign income exempt from federal taxation refers to the amount of the foreign earned income exclusion claimed by U.S. citizens and permanent residents on their U.S. Federal Tax Return.)

List the total amount of Foreign Earned Income Exclusion claimed on the 2024 Federal Income Tax Return. (See Schedule 1--line 8d.)

Name of Person Who Claimed the Exclusion	Total Amount of Exclusion in 2024

C. Signatures

By signing this worksheet, I/We certify that all the information reported is complete and accurate.

Student's Signature (Required)	Phone #	Date
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A parent's signature is required if a parent/stepparent was required to submit information on the FAFSA. For aid purposes, a parent can only be a biological or adoptive parent and a stepparent if the biological or adoptive parent has remarried. Grandparents, foster parents, legal guardians or those with legal custody are **NOT** considered parents for FAFSA purposes and their information cannot be used to determine eligibility for financial aid.

Parent's Signature	Phone #	Date
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DATA ENTRY	Financial Aid Office Use Only	COUNSELOR REVIEW
RRAAREQ	xxUNTX = N Insert CNSLV = N	RNAVrx Verf Status "VERIFIED" if all other reqs complete
Initials/date		RRAAREQ RNANaxx Lock Current Record
Fwd to Counselor date		CNSLR Initials/date