

UNIVERSITY OF MINNESOTA DULUTH
2010 Additional Financial Information—INDEPENDENT

2011–2012 Academic Year

LSIIE, LQAI11

Directions

This form collects additional financial information used to calculate eligibility for financial aid programs.

If you do not have the income exclusion, put zero (0) in the appropriate blank. Do not leave any items blank. Incomplete forms will be returned to the student for completion.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Return this form on campus to:

Student Assistance Center
 23 Solon Campus Center

or mail to:

Office of Financial Aid and Registrar
 University of Minnesota Duluth
 1049 University Drive
 Duluth MN 55812-3011

or fax to: 218-726-8219

E-mail: umdhelp@d.umn.edu

Phone: 218-726-8000

Student information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	

Worksheet C—Calendar Year 2010	Student (and spouse)
Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040—line 49 or 1040A—line 31.	
Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household, as reported in question 93.	
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	
Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	
Earnings from work under a cooperative education program offered by a college.	
Student (and spouse) TOTAL	

Certification	
I certify that all information provided is true and correct to the best of my knowledge.	
Student signature	Date
Spouse signature	Date



* 0 0 2 0 0 8 *

To request copies of this form in an alternative format: 218-726-8000.
 UMD is an equal opportunity employer and educator.

http://www.d.umn.edu/fareg/forms/worksheetCINDEPENDENT_2012.pdf

02/15/11