



**Please return this form to:**  
 Wilmington College 937.382.6661  
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 Wilmington, OH 45177 sos@wilmington.edu  
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**2019-2020 PARENT ROLLOVER VERIFICATION FORM**

**SECTION A: STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

The purpose of this worksheet is to verify the amount of any untaxed IRA distribution and/or pension distribution which was a rollover that should be excluded from your FAFSA.

Before our office can disburse any financial aid funds to your student account, we will need you to confirm that you have answered the question (referenced below) correctly.

**PLEASE NOTE:**

- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ All required documents must be returned to our office within two weeks.
- ✓ We will update your FAFSA, if needed, based on the information provided on this form.

**SECTION B: UNTAXED IRA DISTRIBUTION OR PENSION ROLLOVER**

1. **ENTER THE AMOUNT FROM YOUR PARENT'S 2017 IRS FEDERAL INCOME TAX RETURN.**  
 IF ANY OF THE ITEMS DO NOT APPLY TO YOUR PARENT(S), PLEASE WRITE \$0. DO NOT LEAVE BLANKS.

UNTAXED INCOME TYPE	PARENT(S)
AMOUNT OF UNTAXED PORTIONS OF IRA DISTRIBUTIONS FROM 2017 IRS FORM 1040 = LINE 15A MINUS 15B OR 1040A = LINES 11A MINUS 11B THAT WAS A ROLLOVER.	\$ <input style="width: 100px; height: 30px;" type="text"/>
AMOUNT OF UNTAXED PORTIONS OF PENSIONS FROM 2017 IRS FORM 1040 = LINES 16A MINUS 16B OR 1040A = LINES 12A MINUS 12B THAT WAS A ROLLOVER.	\$ <input style="width: 100px; height: 30px;" type="text"/>

2. **YOU MUST PROVIDE SUPPORTING DOCUMENTATION SHOWING THAT THE FUNDS WERE ROLLED OVER IN TAX YEAR 2017.**

ACCEPTABLE SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS FORM AND BE ONE OF THE FOLLOWING:

- **IRS FORM 1099-R**                      BOX 7 MUST SHOW A CODE OF "G".
- **IRS FORM 5498**                      BOX 2 SHOWS THE AMOUNT OF ROLLOVER CONTRIBUTIONS.
- **ACCOUNT STATEMENT**              SHOWING AMOUNT WAS TAKEN OUT OF ONE ACCOUNT AND ROLLED OVER INTO ANOTHER ACCOUNT.

**SECTION C: CERTIFICATION**

*By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_