

OFFICE OF STUDENT SERVICES LYONS HALL (800) 294-0294

Student's Name:	Eagle ID Number:		
Complete this form only if you ha untaxed income on your 2024–202			
In order to continue the review of requested below. This completed instructions, including file limitation for your documents to be added to	and signed form should be ions, are available at www	returned to www.bc.edu/fina	idupload. Detailed
List all sources of untaxed incor	ne. Do not leave any line	blank. Enter zeroes where a	appropriate.
	ANNUAL AMOUNT FOR 2022		
	Parent	Student	Other Children
Social Security Benefits for All Family Members	\$	\$	\$
Aid to Families with Dependent Children (AFDC)	\$	\$	\$
Alimony Received	\$	XXXXXXXX	XXXXXXX
Housing, Food, and Other Living Allowances (do not include food stamps or subsidized housing)	\$	\$	\$
Other (specify source)	\$	\$	\$
Parent Signature:		Date:	

bc.edu/finaidupload UNTAXED2025

Date: _____

Student Signature: