## 2025-2026 Verification of Untaxed IRA/Pension



## Forms can be submitted to:

- Mailing address: Lake Region State College
  Financial Aid Office
  - 1801 College Drive N Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 E-mail for questions: merissa.b.lourens@lrsc.edu Fax: 701-662-1666

Stu	ident Information	Please use student's legal name, not	t nicknames		
Last	name	First name	M.I.	Student ID# or Last Four Digits of SSN	
Curre	ent Address			Email Address	
City		State	Zip Code	Date of Birth	
Hom	e Telephone Number			Cell Phone Number	
	TRUCTIONS: On the 20 ormation is being repor		d Untaxed IRA Dist	ributions/Pensions. Please indicate whose	
	0 -1	Student's	Parent's S	Spouse's	
fina cash whe	ncial aid application un h or other assets transfether the amount was a unsure if it was a rollow The IRA, pension or	nless it was a rollover to anoterred from one retirement a rollover; therefore, please ver, please contact your tax annuity/WAS a rollover.	ther retirement plan to another. You clarify this by selection preparer or finance of the conferent (see the	s) did not receive money and it is	
	Annuities, IRAs)	n or annuity. Attach Docu	imentation (Ex. 1	099-R Distributions from Pensions,	
	The IRA, pension or annuity <b>WAS NOT</b> a rollover. You/your parent(s) received money from an IRA, pension or annuity.				
	The IRA, pension or annuity was a rollover to a <b>Roth IRA</b> . You/your parent(s) transferred money from a traditional IRA to a Roth IRA.				
For	untaxed portions of IRS	distributions and pensions fro	om IRS 2023 Form 1	040 – (lines 4a – 4b) plus (lines 5a-5b).	
repo taxe this	orted as taxable income es paid due to the rollov worksheet, I/we certif	on the tax return. You can co er. <b>Your financial aid canno</b>	omplete a Special Ci t be processed unt reported on this w	ransferring funds, the amount rolled over is ircumstance Form to reduce the income and til this information is received. By signing worksheet is complete and correct. If the	
Stud	dent Signature:			Date:	
Pare	ent/Spouse Signature:			Date:	

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.