

Financial Aid and Scholarships Office

2016-17

Supplemental Foreign Income

ident Name: Student ID # (required):							
Complete this form to report foreign income reco and sign this form. If you are an independent st a U.S. Income Tax Return. Attach copies of all fo	udent, provide the information a	bout yours	elf. C	OO NOT enter a	ny amount that i	•	
Total number of people in your family:	2. Marital sta	atus: M	1arrie	d Single			
3. Household Information							
Name of Family Member	Relationship to Student	Age	Nu	Number of months you provided support in 2015			
4. In what currency is the foreign income?			F	rom what cour	ntry?	In US	
				Currency	Rate	Dollars	
Enter amount you or your spouse earned from employment by others					11410	2011410	
6. Enter the amount of interest you received from banks or other sources							
7. Enter the amount you received in dividends from ownership of stock							
8. Enter the amount of income or loss you ha	-	rating a					
business or professional entity		· ·					
9. Enter the amount of gain or loss you had f	rom the sale of assets, investr	nents, or					
capital property. Describe on the back of this	sheet and include the original	cost and					
selling price							
10. Enter the amount you received from pers		ties					
11. Enter the amount of retirement pension in							
12. Enter the amount of income you received	from the operation of rental o	perations o	or				
from royalties or copyright payments							
13. Enter the amount of income you received		- :					
14. Enter the amount of unemployment incor	ne subsidies you received from	ninsurance	e or				
the government 15. Enter the amount of government disability	v survivor or retirement nensio	ns receive	Ч				
16. Enter the amount of any other income yo	•						
Income Tax Return	a rida triat lo riot riotad above	01 011 0 0.	O .				
17. Enter the amount of income tax paid to governments other than the U.S.							
18. Enter the total amount of all cash savings, and attach copies of year-end statements							
19. Enter the value of all corporate stock and							
20. Enter the value of all properties other tha	n the family residence						
21. Enter the amount of mortgages, if any, or	the properties above. Do not	include the	Э				
family residence							
22. Enter the value of any family business							
Taxpayer Signature Print Name				Date			

To expedite the processing of this form, please fax it to our Financial Aid Forms fax: 855-895-3690

In-person drop-off: Cal Student Central, 120 Sproul Hall

Mailing address: University of California, Berkeley, Financial Aid and Scholarships Office 2nd Floor Sproul Hall, Berkeley, CA

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