

## UNTAXED INCOME FORM

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Aid Year: \_\_\_\_\_ (i.e. 1718)

**INSTRUCTIONS:** Please provide the following information concerning Untaxed Income for both student and parent for the calendar year 2015. Do not leave any questions blank. **If an answer is "zero" enter "0"**. Return the completed form to the Student Records and Financial Services Office.

### UNTAXED INCOME

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported (but not limited to) on the W-2 Forms in Box 12 a-d, codes D, E, F, G, H, Q, and S

**PARENT**

**STUDENT/  
SPOUSE**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Untaxed portions of IRA distributions from IRS Form 1040 (line 15a minus 15b) Or 1040A (line 11a minus 11b). **DO NOT include rollovers**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Untaxed portions of pensions from IRS Form 1040 (line 16a minus 16b) or 1040A (line 12a minus 12b).

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Child support RECEIVED for all dependent children listed in the FAFSA.  
**Do not include foster care payment**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

IRA deductions and payments to self-employed SEP, SIMPLE, Keough and other qualified plans from IRS Form 1040 (line 28 + line 32) or 1040A (line 17)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Tax exempt interest income from IRS Form 1040 (line 8b) or 1040A (line 8b)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and /or VA Educational Work-Study Allowances

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Any other untaxed income such as worker's compensation, disability, etc.

**Indicate type of benefit:** \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**STATEMENT OF CERTIFICATION:** I certify that the information provided is true and accurate to the best of my knowledge. I am aware that the information above constitutes an application for funds from the federal government and that any material omissions, or false and misleading information, may result in penalties under federal law. If changes occur, I will notify the Student Records and Financial Services Office in writing.

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Parent Signature -If dependent student)

\_\_\_\_\_  
 Date