



## 2019–2020 Parent Untaxed Income Form

Your student's financial aid application was selected by the U.S. Department of Education for review after 2016 Adjusted Gross Income and other untaxed income was compared. You and your spouse, if you are married, must complete this form. You and your student must sign and submit the form.

Do not leave any section blank. If an item does not apply enter "0" or "N/A" in the associated space. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

### A. Student Information

Student's Name (Last, First, M.I.) \_\_\_\_\_

Student ID – *REQUIRED* \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

### B. Untaxed Income Information

Report total annual amounts for **2017**. If an item does not apply use "0" or "N/A." Boxes left blank will result in additional information being requested. Additional requests to clarify conflicting information may delay the determination of your student's financial aid eligibility. If more space is needed, provide a separate page with your student's name and student ID number at the top.

| Untaxed Income Item to Verify:                                                                                                                                                                                                                                                                                                              | Parent(s) Total 2016 Amount: | Spouse's Total 2016 Amount (if parent is married): |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|
| <b>Parent Name(s) for whom the information below is being reported (first and last name(s)):</b> _____<br>_____                                                                                                                                                                                                                             |                              |                                                    |
| <b>Payments made to tax-deferred pension and retirement savings plans.</b> List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S. | \$                           | \$                                                 |
| <b>IRA Deductions &amp; payments to self-employed SEP, SIMPLE, Keough, and other qualified plans.</b> List the total amounts from IRS 1040 – line 28 and line 32 or IRS 1040A – line 17.                                                                                                                                                    | \$                           | \$                                                 |
| <b>Child Support Received.</b> List actual amount received in 2016 for any children in your household. Do not include foster care payments, adoption payments, or court-order amounts not actually paid. <b>SUPPORT FOR THIS CHILD(REN):</b><br>_____<br><b>ADULT RECEIVING PAYMENT:</b> _____<br>_____                                     | \$                           | \$                                                 |
| <b>Untaxed Portions of IRA distribution.</b> List amount from IRS 1040 – line 15a minus 15b or IRS 1040A – line 11a minus 11b. <b>Exclude Rollovers. If the value is negative enter '0'.</b>                                                                                                                                                |                              |                                                    |
| <b>Tax exempt interest income.</b> List amounts from IRS 1040 – line 8b or IRS 1040A – line 8b.                                                                                                                                                                                                                                             | \$                           | \$                                                 |
| <b>Untaxed Portions of Pension distribution.</b> List amount from IRS 1040 – line 16a minus 16b or IRS 1040A – line 12a minus 12b. <b>Exclude Rollovers. If the value is negative enter '0'.</b>                                                                                                                                            | \$                           | \$                                                 |

| Untaxed Income Item to Verify - CONTINUED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Student's Total 2016 Amount: | Spouse's Total 2016 Amount (if parent is married): |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|
| <b>Housing, food, and other living allowances paid to members of the military, clergy, and others.</b> Include cash payments and cash value of benefits. <u>Do not include</u> the value of on-base military housing or the value of a basic military housing allowance (BAH).                                                                                                                                                                                                                                                                                           | \$                           | \$                                                 |
| <b>Veteran's non-education benefits.</b> List the total 2017 amounts including disability, death pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. <u>Do not include</u> federal veterans' educational benefits like the Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or the Post 9/11 GI Bill. <b>TYPE OF BENEFIT:</b><br><hr/> <hr/>                                                                                                                                                   | \$                           | \$                                                 |
| <b>Other items not reported above.</b> Include items such as worker's compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS 1040, Line 25, Railroad Retirement Benefits, etc. Do not include student aid, earn income credit, additional child tax credit, TANF, SNAP, SSI, WIA, Educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.<br><b>SOURCE:</b> _____<br><b>RECIPIENT:</b> _____<br><hr/> | \$                           | \$                                                 |

### C. Certification and Signatures

The student and the parent for whom information is provided above MUST sign and date this section. Each person signing below certifies that all the information reported on this form is complete, correct, and any additional information is attached, if necessary. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**\*Please submit this form by uploading it to your Student Services Center To-Do List. Visit our website for instructions on how to access your Student Services Center.**