

# 2008 Untaxed Income Verification Worksheet

The untaxed income amount reported on your 2009-2010 *Free Application for Federal Student Aid* (FAFSA) is in question. Before we can continue processing your aid request we must verify the amount of your untaxed income for year 2008. Please complete this worksheet and return it to the Financial Aid Office along with documentation verifying the amounts received.

\_\_\_\_\_  
Name \_\_\_\_\_ Social Security Number

<u>Source of Untaxed Income</u>	<u>Amount Received</u>	
	<u>Student/Spouse</u>	<u>Parent</u>
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-line 28 +line 32 or 1040A-line 17.	\$ _____	\$ _____
Child support <b>received</b> for all children. Don't include foster care or adoption payments.	\$ _____	\$ _____
Tax Exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	\$ _____	\$ _____
Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$ _____	\$ _____
Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$ _____	\$ _____
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$ _____	\$ _____
Veterans noneducation benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____	\$ _____
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc. <b>Don't include</b> student aid, earned income credit, additional child credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____	\$ _____
Money <b>received</b> , or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$ _____	\$ _____

\_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Parent (If applicable) \_\_\_\_\_ Date