

Please complete the following worksheet using the same dollar amount you reported on the untaxed income portion of the Free Application for Federal Student Aid for the Calendar Year **2019**. **If any item does not apply, please enter 0.**

	<u>Student (&amp; Spouse)</u>	<u>Parent(s)</u>
a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. <b>Don't include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$ _____	\$ _____
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1 total of lines 15+19	\$ _____	\$ _____
c. Child support <b>received</b> for any of your children <u>in your household</u> . <b>Don't include</b> foster care or adoption payments.	\$ _____	\$ _____
d. Tax exempt interest income from IRS Form 1040—line 2a.	\$ _____	\$ _____
e. Untaxed portions of IRA distributions and pensions from IRS Form 1040— (lines 4a+4c) minus (lines 4b+4d). If negative, enter a zero here.	\$ _____	\$ _____
f. Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <b>Do not include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____	\$ _____
g. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____	\$ _____
h. Other untaxed income not reported such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS form 1040 Schedule 1-line 12. <b>Do not</b> include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$ _____	\$ _____
i. Money received or paid on your behalf, (e.g. bills) not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on the 2021-2022 FAFSA, and that is not part of a legal child support agreement.	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

Student's Name \_\_\_\_\_ STUDENT ID: **900** \_\_\_\_\_  
(Please print)

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required for Dependent Students)