

## Verification of Untaxed Income

### Independent Student

**Student Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **CWID#** \_\_\_\_\_

The total amount of untaxed income reported received on the FAFSA by you and your spouse were different than the amount reported on the Verification Worksheet received in 2017. Since this information is conflicting, we need you and your spouse to complete this form. Please be aware that documentation of amounts listed below may be requested at a later date.

**Report the TOTAL amounts received in 2017 from (January 1, 2017 through December 31, 2017:  
Please do not leave any blanks. Use zeroes or N/A when appropriate**

<b>Additional Financial Information</b>	<i>Student</i>	<i>Spouse, (if married)</i>
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040 – line 50 or 1040A – line 33.	\$	\$
Child support paid because of divorce or separation or as a result of a legal requirement. <b>Don't include</b> support for children in your household, as reported on the FAFSA in question 95.	\$	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
Taxable college grant and scholarship aid <b>reported to the IRS in your adjusted gross income</b> . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. <b>Don't include</b> untaxed combat pay.	\$	\$
Earnings from work under a cooperative education program offered by a college	\$	\$
<b>Untaxed Income</b>	<b>\$</b>	<b>\$</b>
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 forms in Boxes 12a through 12d, codes D, E, F, G, H, & S. <b>Don't include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	\$	\$
Child support you received for any of your children. <b>Don't include</b> foster care or adoption payments.	\$	\$
Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – 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). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
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 in item 94a through 94h, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040- line 25. Don't 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 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.	\$	\$
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 or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$	\$

By signing this form, we certify that all of the information reported to qualify for federal student aid is complete and correct. This verification documentation supersedes any previous forms completed. (If married, spouse's signature is optional).

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_