

WORKSHEET OF UNTAXED INCOME

STUDENT NAME _____ **STUDENT NUMBER** _____

You indicated on your 2022-2023 Free Application for Federal Student Aid (FAFSA) that you and/or your parents received \$ _____ in untaxed income in 2020. Please complete the worksheet below so that the source and amount of these funds may be verified.

Worksheet B Report Annual Amounts

Student/Spouse For question 44		Parents For question 92
\$	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. Don't include amounts reported in code DD (employer contributions toward employee health benefits)	\$
\$	b. IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 Schedule 1 – total of lines 15 + 19	\$
\$	c. Child Support received for any of your children. Don't include 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 + 5a) minus lines (4b + 5b). Exclude rollovers. 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) Don't include 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 in items 44a through 44g, such as workers' compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 12. Don't include extended foster care 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.	\$
\$	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 or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.	XXXXXXXXXX

\$ _____ **Enter total in question 44.** **Enter total in question 92.** \$ _____

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

Parent **Date**

Student **Date**