2017-2018 Untaxed Income for Independent Students

**Student Name (Please print)**  
**CSUID**

- Complete this form and provide information about untaxed income paid or received in 2015.
- Complete all sections. All fields must have a value. Write “0” or “N/A” if none.

### SECTION A

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________</td>
<td>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)</td>
</tr>
</tbody>
</table>

Name(s) of child(ren) for whom child support was received:  
_____________________

Child support received for any of your children. Don’t include foster care or adoption payments.  
$_________

Name(s) of child(ren) for whom child support was received:  
_____________________

Housing, food, and other living allowances paid to member of the military, clergy, and others.  
$_________

Veterans non-education benefits  
$_________

Other untaxed income  
This includes workers’ compensation, disability, untaxed portions of health savings accounts, etc.  
(Do not include Social Security Disability)  
$_________

Source:  
_____________________

Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.  
This includes money that you received from anyone not reported on the FAFSA, such as grandparents, aunts/uncles, or the parent not listed on the FAFSA  
$_________

Name of person or source providing funds:  
_____________________

Relationship to parent(s):  
_____________________

Name of person or source providing funds:  
_____________________

Relationship to student:  
_____________________
SECTION B

Provide a statement listing all untaxed income received in 2015 to pay bills in you and your spouse (if married) name. Values should be reported as annual figures and cover the January 2015 – December 2015 time period.

Please list all annual expenses for 2015:

Rent/Mortgage: $___________  Car Payment: $___________

Food: $___________  Personal/Miscellaneous: $___________

Utilities: $___________  Other (i.e. credit card, health insurance, etc.): $___________

TOTAL FAMILY EXPENSES FOR 2015: $_________________

Name of person(s) providing funding to family for 2015 expenses: ___________________________

Additional comments…

All information provided on this form is complete and correct and every field has a value (write in “0” if none).

Student Signature ___________________________  Date ____________________

Spouse Signature (if applicable) ___________________________  Date ____________________

2017-2018  IVEREV