

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

STUDENT		SPOUSE
\$ _____	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)	\$ _____
\$ _____ 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	\$ _____
\$ _____ Source: _____	Other untaxed income This includes workers' compensation, disability, untaxed portions of health savings accounts, etc. <i>(Do not include Social Security Disability)</i>	\$ _____ Source: _____
\$ _____ Name of person or source providing funds: _____ Relationship to parent(s): _____	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 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 _____