

## 2017-2018 Untaxed Income for Dependent 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

PARENT(S)/STEPPARENT		STUDENT
\$ _____	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 <b>received</b> : _____	Child support <b>received</b> for any of your children. Don't include foster care or adoption payments.	\$ <u>  N/A  </u>
\$ _____	<b>Housing, food, and other living allowances paid to member of the military, clergy, and others.</b>	\$ _____
\$ _____	<b>Veterans non-education benefits</b>	\$ _____
\$ _____  Source: _____	<b>Other untaxed income</b> 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): _____	<b>Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.</b>  This includes money that you received from anyone not reported on the FAFSA, such as grandparents, aunts/uncles, <b>or the parent not listed on the FAFSA</b>	\$ _____  Name of person or source providing funds: _____  Relationship to student: _____

**SECTION B**

Provide information from your parent(s)/stepparent regarding all untaxed income received in 2015 to pay bills in the family's 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).

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Stepparent Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_