

Student's Name: _____ Student ID#: _____

We need you to provide additional information regarding your 2008 untaxed income. This information must be supplied before we can continue to process your financial aid package. Complete this form and mail it back to the Financial Aid Office. **Please do not leave any spaces blank. If the answer is none, indicate so by writing none or \$0.**

	Student/Spouse	Parent(s)
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, and S.	+	+
IRA deductions and payments to self employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	+	+
Child support received for all children. Don't include foster care or adoption payments.	+	+
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 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).	+	+
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, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income inclusion or credit for federal tax on special fuels.	+	+
Money received , or paid on your behalf (e.g., bills), not reported elsewhere on this form.	+	+ XXXXXXXXXXXXX
TOTAL	\$	\$

I/we certify that the information provided above is complete and correct.

Student's signature: _____ Date: _____

Spouse's signature: _____ Date: _____

Parent signature: _____ Date: _____