

Office for Student Financial Affairs
Division of Student Affairs

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Student's 2008 Untaxed Income and Benefits Statement

UFID _____ - Student's Name _____

To continue processing your 2009-10 application for financial aid, we need additional information. Complete the following items pertaining to untaxed income and benefits received in 2008.

If you received no untaxed income, then write 0 in the space provided. Do not leave any lines blank.

Payments to tax-deferred pension and saving plans (paid directly or withheld from earnings), including amounts reported on the W-2 forms Boxes 12a through 12d, codes D, E, F, G, H and S. \$ _____

IRA deductions and payments to self-employed SEP, SIMPLE, 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 – line 15a minus 15b or 1040A – line 11a minus 11b. **Exclude rollovers. If negative, enter a zero.** \$ _____

Untaxed portions of pensions from IRS Form 1040 – line 16a minus 16b or 1040A – line 12a minus 12b). **Exclude rollovers. If negative, enter a zero.** \$ _____

Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). \$ _____

Veteran's non-educational benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____

Other untaxed income or benefits not reported elsewhere, such as workers' compensation, disability, etc. **Don't include** student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or federal tax on special fuels. \$ _____

Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. \$ _____

All information provided on this form is true and complete to the best of my/our knowledge.

Student's Signature / Date

Parent's Signature (if dependent) / Date

FOR SFA USE ONLY

SPEN _____	SUTP _____
SIRA _____	SMCA _____
SCSR _____	SVNB _____
SINI _____	SOUI _____
SIRD _____	SONI _____