

Untaxed Income

Calendar Year 2008

Report Annual Amounts

Student Name (Print): _____

FMU ID or Social Security #: _____

Student/Spouse

Parents

\$ _____ 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 Form 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 - total of lines 28 + 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 and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____

\$ _____ Other untaxed income not reported elsewhere on Worksheets A and B, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Tax filers only: report combat pay not included in AGI (FAFSA questions 35 and 79). Don't include student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements (e.g., cafeteria plans). \$ _____

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

\$ _____ **TOTALS** \$ _____

Student Signature: _____

Date: _____