Name of Perso	Name of Person Who Made the Payment			Annual Amount Paid in 2018
Traine of Forcer who made the Fayment				
Total Payments to Tax-deferred	d Pension and F	Retirement Savin	ns	\$
Total Laymonto to Tax delented	ar choor and r	Comorneria Gaviri	90	Ψ
child support received	ild aupport roos	ived in 2019 for	tha abildr	ren in your household. Do not include
care payments, adoption payme				
Name of Adult Who Received		Name of Child For Whom		Annual Amount of Child Support
Support	Sur	port Was Recei	ved	Received in 2018
nousing or the value of a basic i	g allowances p ne cash value o military allowand	aid to members f benefits receive ce for housing.	of the n	ot include the value of on-base militar
lousing, food, and other living nclude cash payments and/or the	g allowances p ne cash value o military allowand	aid to members	of the n	nilitary, clergy, and others
lousing, food, and other living nelude cash payments and/or the value of a basic in Name of Recipient	g allowances p ne cash value o military allowand Type of Be	aid to members f benefits receive ce for housing. nefit Received	of the ned. Do n	nilitary, clergy, and others ot include the value of on-base militar
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ID#:

Verification of Other Untaxed Income for 2018 (2020-2021 FAFSA application)

Enter "N/A" for Not Applicable where a <u>response</u> is requested, or enter 0 (zero) in an area where an <u>amount</u> is requested. If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA. If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married).

2018 IRS W-2 forms: Provide copies of all 2018 IRS W-2 forms issued by the employers to the dependent student and

**To determine the correct annual amount for each item**: If you paid or received the same dollar amount every month in 2018, multiply that amount by the number of months in 2018 you paid or received that amount. If you did not pay or receive the same amount each month in 2018, add together the amounts you paid or received each month during 2018.

the student's parents or to the independent student and spouse, if the student is married.

Student Name: \_\_\_\_

## E. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in A – D above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2018
Total Amount of Other Untaxed Income		\$

## F. Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2018. Include support from a parent whose information was not reported on the student's 2020–2021 FAFSA, but do not include support from a parent whose information was reported. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2018
	Total Amount Received	\$

## Additional information:

Provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2018
Total Amount of Financial Support Received		\$

Date

## **Certifications and Signatures**

Parent's Signature (Spouse if Student Married)

formation reported is complete and correct. reported on the FAFSA must sign and date.
Student's ID Number
Date