

2016-2017 Dependent Untaxed Income Worksheet

Name: _____

Student ID: _____

Your Free Application for Federal Student Aid (FAFSA) was selected for a review process called verification. If there are differences between the FAFSA and the documents submitted, corrections will be made to the FAFSA and sent to the U.S. Department of Education for confirmation. **We cannot determine or award federal financial aid until verification has been completed, so please provide the needed documentation as soon as possible.**

Bring, fax, or mail this form to the University of Arkansas – Fort Smith Financial Aid Office. **Do not make any further corrections or changes to the FAFSA once you have submitted this form unless specifically advised to do so by the Financial Aid Office.**

If any item does not apply, enter “N/A” for Not Applicable where a response is requested or enter 0 in an area where an amount is requested. Answer each question below as it applies to the student and the student’s parent(s) whose information is on the FAFSA. If more space is needed, provide a separate page with the student’s name and ID number at the top.

1. **Payments to tax-deferred pension and retirement savings** – List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings (e.g. 401(k) or 403(b) plans) including, but not limited to, amounts reported on W-2 forms in boxes 12(a) through 12(d) with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015
	\$
	\$
	\$

2. **Child support received** – List the actual amount of any child support received in 2015 for the children in your household. Do **NOT** include foster care payments, adoption payments, or any amount that was court ordered but not actually paid.

Name of Adult who Received the Support	Name of Child for Whom Support was Received	Amount of Child Support Received in 2015
		\$
		\$
		\$

3. **Housing, food, and other living allowances paid to members of the military, clergy, and others** – Include cash payments and/or the cash value of the benefit received. Do **NOT** include the value of on-base military housing or the basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015
		\$
		\$
		\$

4. **Veteran’s non-education benefits** – List the total amount of veteran’s non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. Do **NOT** include federal veteran’s educational benefits such as: Montgomery GI Bill, Dependents’ Educational Assistance Program, VEAP Benefits, Post 9/11 GI Bill.

Name of Recipient	Type of Veteran’s Non-education Benefit	Amount of Benefit Received in 2015
		\$
		\$
		\$

5. **Other untaxed income** – List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as worker’s compensation, disability, 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 student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Social Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015
		\$
		\$
		\$

6. **Money received or paid on the student’s behalf** – List any money received or paid on the student’s behalf (e.g., payments of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student’s 2016-2017 FAFSA, but do not include support from a parent whose information as 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 students.

Purpose: Cash, Rent, Books, etc.	Amount Received in 2015	Source
	\$	
	\$	
	\$	

7. **Additional Information** – So that we can fully understand the student’s family’s financial situation, please provide below information about any other sources, benefits, and other amounts received by the student and 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 include such things as federal veteran’s education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015
		\$
		\$
		\$

Certification:

By signing this form, we certify that all the information reported on this form is complete and correct. At least one parent must sign.

WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to prison, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____