

2019 – 2020 UNTAXED INCOME VERIFICATION

STUDENT: _____ **FIDN#:** A _____
Last name First name

Please complete this form to help clarify a conflict regarding information you reported or left blank on the Free Application for Federal Student Aid (FAFSA). The U. S. Department of Education requires the resolution of conflicting information, therefore; **complete this worksheet, attach all supporting documentation and submit electronically at: my.fordham.edu/fasubmitdocs** so that processing your financial aid application can be completed.

2017 UNTAXED INCOME - FOR ZERO AMOUNTS, ENTER "0". DO NOT LEAVE BLANK.	Student	Parent
A) Payments to tax deferred pension and savings plan (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. Do not include code DD	\$ _____	\$ _____
B) 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.	\$ _____	\$ _____
C) Child Support received for all children in 2017	\$ _____	\$ _____
D) Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	\$ _____	\$ _____
E) 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.	\$ _____	\$ _____
F) 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.	\$ _____	\$ _____
G) Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____	\$ _____
H) Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____	\$ _____
I) Other untaxed income not reported above (circle source), such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____	\$ _____
J) Money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information was NOT reported on the FAFSA and that is not part of a legal child support agreement.	\$ _____	\$ _____
K) Other (list source _____)	\$ _____	\$ _____
L) Total Untaxed Income for 2017 (Add A through J)	\$ _____	\$ _____

All of the information on this form is true and complete to the best of my knowledge. I agree to give proof of the information that I have reported on this form. I realize that this proof may include a copy of my U.S., state, or local income tax returns. I certify that all information is correct at this time, and that I will send timely notice of any significant changes. I understand that giving false or misleading information may result in financial or criminal repercussions.

Parent's Name (Print) **Parent's signature** **Date:**

Parent's Name (Print) **Parent's signature** **Date:**

Student's Name (Print) **Student's signature** **Date:**