

STUDENT:

<u>Submit Documents Via</u> Secure Electronic Submission:

fordham.edu/faupload

or

Fax: (718) 817-3921

## 2026 - 2027 UNTAXED INCOME VERIFICATION FORM

\_\_\_\_\_FIDN#: A\_\_\_

Last Name	First Name		•
tudent Aid (FAFSA). The U.S. Departn	a conflict regarding information you reported or left blanchent of Education requires the resolution of conflicting a cumentation, then submit electronically at: my.fordhad and application correction.	information; there	efore, complete
2024 UNTAXED INCOME - FOR Z	ZERO AMOUNTS, ENTER "0". DO NOT LEAVE BLANK	Student	Parent
A) IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-Schedule 1 — line 16 + line 20		\$	\$
B) Tax exempt interest income from IRS Form 1040—line 2a		\$	\$
C) Untaxed portions of IRA distributions from IRS Form 1040—line 4a minus 4b. Exclude rollovers. If negative, ente a zero here.		nter \$	\$
D) Untaxed portions of pensions & annuities from IRS Form 1040—line 5a minus 5b. Exclude rollovers. If negative enter a zero here.		sive, \$	\$
E) Foreign Earned Income Exclusion from IRS Form 1040 Schedule 1– line 8d		\$	\$
F) Total Untaxed Income for 2024 (Add A through E)		\$	\$
roviding misleading or false information dditional information is requested, I (vnformation stated above. The student a	above is true and accurate to the best of my (our) known can jeopardize financial aid eligibility and subject we) agree to provide the institution with any supportion at least one parent (for dependent students) must ent signature is needed. We do not accept electronic so	me (us) to feder ng documentatio provide a signat	al penalties. If on to verify the
Parent's Name (Print)	Parent's Signature	Date	
ev. 09/2025			