



2027 – 2028 UNTAXED INCOME VERIFICATION FORM

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 and attach all supporting documentation, then submit electronically at: my.fordham.edu/fasubmitdocs**. This will allow for a smooth processing of your financial aid application correction.

2025 UNTAXED INCOME - FOR 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, enter a zero here.	\$ _____	\$ _____
D) Untaxed portions of pensions & annuities from IRS Form 1040—line 5a minus 5b. Exclude rollovers. If negative, enter a zero here.	\$ _____	\$ _____
E) Foreign Earned Income Exclusion from IRS Form 1040 Schedule 1— line 8d	\$ _____	\$ _____
F) Total Untaxed Income for 2025 (Add A through E)	\$ _____	\$ _____

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a handwritten signature. If you (the student) are independent, only the student's handwritten signature is needed. *We do not accept electronic signatures.*

Student's Name (Print)

Student's Signature

Date

Parent's Name (Print)

Parent's Signature

Date