

## 2010-2011 Verification of FAFSA Untaxed Income

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 NCU ID Number (if known) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please provide the accurate amount for each item listed below. Do not leave anything blank. If none, indicate zero.

Student/Spouse	Amounts for January 1, 2009 to December 31, 2009	Parent(s)
FAFSA Question 45	Untaxed Income	FAFSA Question 93
\$	a: Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$
\$	b: IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from the IRS Form 1040—total of lines 28 + 32 or 1040A—line 17.	\$
\$	c: Child support received for all children. Don't include foster care or adoption payments.	\$
\$	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).	\$
\$	h: Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	i: Any other untaxed income or benefits not reported elsewhere on Worksheets A and B, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung benefits, disability, etc. Tax Filers only: report combat pay not included in AGI(Q 35 and Q79). <u>Don't include</u> student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements (e.g., cafeteria plans).	\$
\$	j: Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	XXXXXX

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Required if the student is a dependent)

\_\_\_\_\_  
Date