

On this form please document the reasons and amounts of Other Untaxed Income received or paid on your behalf for the calendar year 2017. **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. **LEAVE NO SECTION BLANK.** If additional space is required, please continue on the back of this form.

Student Name: \_\_\_\_\_

Student E-Z ARTS ID#: \_\_\_\_\_

**A. Payments to tax-deferred pension and retirement savings**

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

| Name of Person Who Made the Payment | Total Amount Paid in 2017 |
|-------------------------------------|---------------------------|
|                                     |                           |
|                                     |                           |
|                                     |                           |

**B. Child support received**

List the actual amount of any child support received in 2017 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 Received in 2017 |
|--|---|-------------------------|
|  |   |                         |
|  |   |                         |
|  |   |                         |

**C. Housing, food, and other living allowances paid to members of the military, clergy, and others**

Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

| Name of Recipient | Type of Benefit Received | Amount/Value Received in 2017 |
|-------------------|--------------------------|-------------------------------|
|                   |                          |                               |
|                   |                          |                               |

**D. Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2017. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans' educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

| Name of Recipient | Type of Veterans Non-education Benefit | Amount Received in 2017 |
|-------------------|--|-------------------------|
|                   |  |                         |
|                   |  |                         |

**E. Other untaxed income**

List the amount of other untaxed income not reported elsewhere on this form. Include untaxed income such as workers' compensation, disability, untaxed portions of health savings accounts from IRS Form 1040 Line 25, etc. **Do not include** any items reported or excluded in A – D above, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental 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 Received in 2017 |
|-------------------|------------------------------|-------------------------|
|                   |                              |                         |
|                   |                              |                         |
|                   |                              |                         |

**F. Money received or paid on the student's behalf**

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of support the student received in 2017. Include support from parents whose information was not reported on the student's 2017-2018 FAFSA. 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 student.

| Purpose: e.g., Cash, Rent, Books | Amount Received in 2017 | Source |
|----------------------------------|-------------------------|--------|
|                                  |                         |        |
|                                  |                         |        |
|                                  |                         |        |

By signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_