
**2017-2018 Additional Financial Information and
Untaxed Income Worksheet (Dependent Student)**

Student ID E _____ Legal Name _____

Do not leave anything blank. Indicate zero or Not Applicable (N/A) if appropriate.

Student Information		Parent Information
\$ _____	Taxable earnings from need-based employment programs, such as Federal Work-Study and Need-based employment portions of fellowships and assistantships.	\$ _____
\$ _____	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$ _____
\$ _____	Earnings from work under a cooperative education program offered by a college.	\$ _____
\$ _____	Child support received for all children in the household. Don't include foster or adoption payment.	\$ _____
\$ _____	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.	\$ _____
\$ _____	Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____
\$ _____	Other untaxed income not reported in questions above, 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 Investment Act educational benefits, onbase 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.	\$ _____
\$ _____	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 whose financial information is not reported on this form and that is not part of a legal child support agreement. Also includes distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as your grandparents, aunts, and uncles).	XXXXXXXX

Each person signing this form certifies that all the information reported on it is complete and correct.

The student and at least one parent must sign and date.

Student Signature _____ Date _____

Parent Signature _____ Date _____