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**2019-2020 Additional Financial Information and  
Untaxed Income Worksheet (Independent Student)**

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Student ID E \_\_\_\_\_ Legal Name \_\_\_\_\_

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

appropriate. Enter the combined amounts from 2017 for you and your spouse.

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 <b>received</b> 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).	\$ _____

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_