

Office of Scholarships and Financial Aid

2019 - 2020 UNTAXED INCOME FORM

1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286



Student's Last Name	Student's First Name	Middle Initial	Social Security Number:
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You have been asked to provide untaxed income information because information provided on the FAFSA may reflect possible inconsistencies. The FAFSA data may need to be corrected. The school may ask for additional information. For more information regarding this process, please contact the Office of Scholarships and Financial Aid at 870-508-6195.

Don't include any of the following in your answers:

- Workforce Innovation and Opportunity Act educational benefits.
- On-base military housing or a basic military allowance for housing.
- Benefits from flexible spending arrangements (cafeteria plans).
- Foreign income exclusion or credit for federal tax on special fuels.
- Student aid
- Welfare payments
- Combat pay
- Employer contributions toward employee health benefits. Code DD on W-2 forms.
- Supplemental Security Income
- Untaxed Social Security benefits
- Earned income credit
- Additional child tax credit
- Extended foster care benefits

2017 UNTAXED INCOMES	STUDENT/SPOUSE	PARENT(S)
	<i>Please Print Clearly</i>	
Money received or paid on behalf of the student (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$ _____ .00	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; transform: rotate(45deg); transform-origin: center;"></div>
Tax-deferred pension payments (Include both those paid directly or withheld from earnings) Be sure to include amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$ _____ .00	\$ _____ .00
Retirement savings plans payments (paid directly or withheld from earnings) Include amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$ _____ .00	\$ _____ .00
Individual Retirement Account (IRA) deductions	\$ _____ .00	\$ _____ .00
Self-employed SEP, SIMPLE, Keogh and other qualified plans payments. See IRS Form 1040—line 28 + line 32 or IRS Form 1040A—line 17.	\$ _____ .00	\$ _____ .00
Child support received for any of the student's children or your parents' children, if dependent based upon the FAFSA. Don't include foster care or adoption payments.	\$ _____ .00	\$ _____ .00
Tax exempt interest income. See IRS Form 1040—line 8b or IRS Form 1040A—line 8b.	\$ _____ .00	\$ _____ .00
Untaxed portions of IRA distributions See IRS Form 1040—lines (15a minus 15b) or IRS form 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$ _____ .00	\$ _____ .00
Untaxed portions of pensions See IRS Form 1040—lines (16a minus 16b) or IRS Form 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$ _____ .00	\$ _____ .00
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 values for on-base military housing or basic military allowance for housing.	\$ _____ .00	\$ _____ .00
Veterans noneducation benefits Include Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____ .00	\$ _____ .00
Workers' compensation payments received	\$ _____ .00	\$ _____ .00
Disability benefits payments received	\$ _____ .00	\$ _____ .00
Untaxed portions of health savings accounts See IRS Form 1040—line 25.	\$ _____ .00	\$ _____ .00

Note: Parent signature is required when the student is considered dependent.

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X _____ Student Signature	_____ Date	X _____ Parent Signature	_____ Date
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