

Office of Scholarships and Financial Aid

# 2023 - 2024 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	Banner ID 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 870-508-6100.

<b>2021 UNTAXED INCOMES</b>	STUDENT/SPOUSE	PARENT(S)
<i>Provide copies of all 2021 IRS Form 1040's, Schedule 1's, and W-2's for the Student and the Spouse or Parent(s), as applicable</i>	<i>Please Print Clearly</i>	
<b>Money received or paid on behalf of the student</b> (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; position: relative;"> <div style="position: absolute; top: 0; right: 0; bottom: 0; left: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 40px;">X</div> </div> </div>
<b>Payments to Tax-deferred pension payments and retirement savings plans payments</b> (paid directly or withheld from earnings), including, but not limited to amounts reported on any W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. <b>Don't Include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$ _____ .00	\$ _____ .00
<b>Individual Retirement Account (IRA) deductions and payments to Self-employed SEP, SIMPLE, Keogh and other qualified plans</b> from IRS Form 1040 Schedule 1 – total of lines 15+19.	\$ _____ .00	\$ _____ .00
<b>Child support received</b> for any of the student's children or your parents' children, if student is dependent based upon the FAFSA. <b>Don't include</b> foster care or adoption payments.	\$ _____ .00	\$ _____ .00
<b>Tax exempt interest income</b> from 2021 IRS Form 1040—line 2a.	\$ _____ .00	\$ _____ .00
<b>Untaxed portions of IRA distributions and pensions</b> from IRS 1040 - (lines 4a + 5a) minus (lines 4b + 5b). <b>Exclude rollovers.</b> If negative, enter a zero here.	\$ _____ .00	\$ _____ .00
<b>Housing, food and other living allowances paid to members of the military, clergy and others</b> (including cash payments and cash value of benefits). <b>Don't include</b> the values for on-base military housing or basic military allowance for housing.	\$ _____ .00	\$ _____ .00
<b>Veterans noneducation benefits</b> such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____ .00	\$ _____ .00
<b>Other untaxed income</b> not reported in items listed above, such as workers' compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1—line 25. <b>Don't include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base 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.	\$ _____ .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	X	
Student Signature	Parent Signature	
Date	Date	Date