UCF P

PARENT UNTAXED INCOME WORKSHEET

2019-2020 ACADEMIC YEAR

	Student's Name:	UCFID:	
	Address:	Date:	
	City:	State/Zip:	
	Parent's Name(s):	Phone:	
V	rarent(s) must complete each question on this page. Answer each question not count financial aid as untaxed income. We are unable to continue processing your financial aid because not fight esolve this discrepancy, complete the following items pertaining to the ure you received no untaxed income, then write 0 in the space provided.	XYbhtuˈ&\$% !&\$&\$`: 5 : G5 'contains conflicting informa	
п	you received no untaxed income, then write 0 in the space provided.		
1.	the total amount received in 2017 (Do not include foster care or adoption pa	ayments.)	<u>Parent(s)</u> \$
2.	2. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing:		\$
3.	2017 Untaxed IRA distribution or pensions/annuities. Check the 2017 tax ref (IRS form 1040: lines (15a minus 15b) + (16a minus 16b) = untaxed po (IRS form 1040A: lines (11a minus 11b) + (12a minus 12b) = untaxed po (12a minus 12b) = untaxed po (13a	ortion) cortion) country	···· \$ yes /no
4.	2017 payments to tax-deferred pension and savings plans (paid directly and 403b plans. Parent(s) this information is available on your 2017 W-D, E, F,G, H, & S). Total amount received in 2017:	2 forms, normally in box 12a through 12d (Codes	\$
5.	Untaxed Veteran's 2017 Benefits: a. 2017 Untaxed Non-Educational Veteran's benefits such as Disab Dependency & Indemnity Compensation (DIC), etc. Total amount red	vility Pension, Death Pension, ceived in 2017 :	\$
	b.2017 Untaxed Veteran Administration Education Work-Study All	owances received in 2017:	\$
6.	Other Untaxed Income Not Reported such as workers' compensation or citems such as those listed in box below		\$
ATTACH COPIES OF ALL 2017 W-2 FORMS WHEN REPORTING ITEMS ON #4.			
By signing this form, I certify that the information provided on this form is complete and correct to the best of my knowledge.			
	Parent's Signature:	Date:	

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