PARENT UNTAXED INCOME WORKSHEET

Student Financial Assistance
UNIVERSITY OF CENTRAL FLORIDA

2021-2022 ACADEMIC YEAR

Student's Name:_____ UCFID: _____

Address:_____ Date:_____

City:_____ State/Zip:_____

Parent's Name(s):_____ Phone:_____

Parent(s) must complete each question on this page. Answer each question with the correct figure or zero.

We are unable to continue processing your financial aid because your student's 2021-2022 FAFSA contains conflicting information. To resolve this discrepancy, complete the following items pertaining to the untaxed income and benefits you, the parent(s), received in 2019. If you received no untaxed income, then write 0 in the space provided.

Parent(s)

1. Did you, the parent(s), **receive child support** for familymembers in **2019**? ___Yes ___No (check one).
   If yes, the total amount received in **2019** (Do not include foster care or adoption payments.)..... $_____

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. **2019** Untaxed portions of IRA distribution and pensions from IRS Form 1040 (lines 4a + 4c) minus (lines 4b + 4d).
   Total untaxed amount received in **2019**.....$ _____
   WAS THE ABOVE AMOUNT REINVESTED IN A RETIREMENT ACCOUNT?
   (You must circle correct answer.) ➔ yes no

4. **2019 payments to tax-deferred pension and savings plans** (paid directly or withheld from earnings) including but limited to, amounts reported on your 2018 W-2 in boxes 12a through 12d (Codes D, E, F, G, H, & S). Don't include code DD.
   Total amount received in **2019** .....$ _____

5. **2019** IRS Deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1 – total lines 15 + 19..... $_____

6. **Untaxed** Untaxed Veterans' 2019 Benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC), and/ or VA Educational Work-Study allowances. Total amount received in 2019..... $ _____

7. **Other Untaxed Income NOT reported above,** such as workers' compensation, disability benefits, untaxed foreign income, etc. Also include untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 12. Do not include foster care, student's financial aid, untaxed Social Security benefits, Supplemental Security Income, combat pay or foreign income exclusion..... $_____

ATTACH COPIES OF ALL 2019 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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