



STUDENT UNTAXED INCOME WORKSHEET

Student's Name: _____ UCFID: _____
Address: _____ Date: _____
City: _____ State/Zip: _____
Spouse's Name: _____ Phone: _____

Student (and spouse if married) 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 2020-2021 FAFSA contains conflicting information. To resolve this discrepancy, complete the following items pertaining to the untaxed income and benefits you and your spouse received in 2018. If you received no untaxed income, then write 0 in the space provided.

- 1. Did you or your spouse receive child support for family members in 2018? If yes, the total amount received in 2018: (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. Cash value amount for expenses paid by parents (if parent's financial information was not reported on the FAFSA), grandparents or other person on your or your spouse's behalf in 2018: \$ _____
4. 2018 Untaxed portions of IRA distribution and pensions from IRS Form 1040- line 4a minus line 4b. Total untaxed amount received in 2018: \$ _____
WAS THE ABOVE AMOUNT REINVESTED IN A RETIREMENT ACCOUNT?
5. 2018 Payments to tax-deferred pension and retirement savings plans (paid directly to or withheld from earnings) including but limited to, amounts reported on your or your spouse 2018 W-2 in boxes 12a through 12d (Codes D, E, F, G, H, & S). Don't include code DD. Total amount received in 2018: \$ _____
6. 2018 IRS Deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1 - total lines 28 + 32 \$ _____
7. Untaxed Veterans' 2018 Benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC), and/ or VA Educational Work-Study allowances. Total amount received in 2018: \$ _____
8. Other Untaxed Income NOT reported 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 25. Do not include foster care, \$ _____

ATTACH COPIES OF ALL 2018 W-2 FORMS WHEN REPORTING ITEMS ON #5.

By signing this form, I certify that the information provided on this form is complete and correct to the best of my knowledge.

Student's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____