



2018-2019 OTHER UNTAXED INCOME
– DEPENDENT STUDENT

Student Name: _____	Student ID or SSN: _____
Parent Name: _____	

Parent(s) and Student (Dependent aid applicant):

Complete **both** sides of this form reporting sources of untaxed income for *calendar year 2016* for the student *and* the student's parent(s) whose information is on the 2018-2019 Free Application for Federal Student Aid (FAFSA).

- **If any item does not apply**, enter "N/A" for Not Applicable where a response is requested; or enter \$0 where an amount is requested.
- **To avoid delays**, the form must be completed in its entirety. Otherwise the form will be returned to you and/or additional documentation may be required.
- **To determine the correct annual amount for each item**: If you paid or received the same dollar amount every month in 2016, multiply that amount by the number of months in 2016 you paid or received it. If you did not pay or receive the same amount each month in 2016, add together the amounts you paid or received each month during 2016.
- **If more space is needed**, attach a separate page with the student's name and ID number at the top.

A. Payments to tax-deferred pension and retirement savings

List the total amount you and/or your parents paid to your tax-deferred pension and retirement savings plans in 2016. Include amounts paid directly or withheld from earnings. These amounts are reported on the W-2 form in boxes 12a through 12d, codes D, E, F, G, H, and S.

Name of Person Who Made the Payment/Contribution	Total Amount Paid in 2016

B. Deductible payments to IRA/Keogh/Other

List any IRA deductions and payments to self-employed SEP, SIMPLE and Keogh and other qualified plans, in 2016. Payments can be found on lines 28 and 32 (IRS Form 1040) or line 17 (IRS Form 1040A).

Name of Person Who Made the Payment/Deduction	Total Amount Paid in 2016

C. Child support received

List the actual amount of any child support received in 2016 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support/Payment	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2016

D. Tax Exempt Interest Income

List the total amount of tax-exempt interest income earned in 2016. Enter the amount from line 8b, from IRS tax forms 1040 and 1040A.

Name of Person Who Received the interest income	Total Amount Reported in 2016

E. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing. Do not include rent subsidies for low-income housing.

Name of Recipient	Type of Benefit Received	Amount Received in 2016

F. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2016. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veteran's educational benefits such as Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, and Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education Benefit	Amount of Benefit Received in 2016

G. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in Sections A – D above. In addition, **do not include** extended foster care benefits, student financial aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) 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.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2016

Please provide any additional information about any other resources. Attach a separate sheet if needed.

Signature/Certification:

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

We certify that all information reported for the student to qualify for federal student aid is complete and correct.

Parent Signature (handwritten, not typed) **Date** _____
Student Signature (handwritten, not typed) **Date**

Submit form to: UW Colleges Student Financial Aid Office
 780 Regent St, Suite 130
 Madison, WI 53715-2635
 or Fax (608) 265-9750