

Untaxed Income Verification Worksheet (Dependent)

Student Name: _____ **B-Number:** _____

Please do not leave any boxes blank. Mark any items that do not apply as N/A or \$0. Report annual amounts received.

2021 Amounts	Student	Parent
1. Housing, food, and other living allowances paid to you as members of the military, clergy, and others <ul style="list-style-type: none"> • Include cash payments and cash value of benefits Do NOT include value of on-base military housing or value of basic military housing allowance.	\$	\$
2. Veterans non-education benefits <ul style="list-style-type: none"> • Includes Disability, Death Pension, DIC and VA Educational Work-Study 	\$	\$
3. Other Untaxed Income <i>Note: Please identify the sources and other details in the space below this table</i> <ul style="list-style-type: none"> • Include workers' compensation, disability benefits, untaxed foreign income, or other untaxed income earned from work and other miscellaneous sources. • Include untaxed portions of health savings accounts (IRS Schedule 1, Line 13) Do NOT include untaxed Social Security benefits, Supplemental Security Income, welfare payments, extended foster care benefits, student aid, earned income credit, additional child tax credit, Workforce Innovation and Opportunity Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$	\$
4. Money Received from others, or paid on your behalf not reported elsewhere on this form. <i>Note: Please identify the sources and other details in the space below the table.</i> <ul style="list-style-type: none"> • Ex: Financial help for household bills, food, rent, cell phone, etc. • Money received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. 	\$	N/A

In the space below, provide details regarding the additional income you listed in the above fields 3 or 4 above.

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____