



## VERIFICATION OF OTHER UNTAXED INCOME FROM 2016 DEPENDENT STUDENT

Student's Name \_\_\_\_\_ Simmons ID \_\_\_\_\_

**If any item does not apply**, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested. Answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA. **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.

You (student)	Calendar Year 2016	Your parents
\$	Payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	\$
\$	Child support received for all children. Don't include foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A – lines (11a minus 11b). <b>Exclude Rollovers.</b>	\$
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A – lines (12a minus 12b). <b>Exclude Rollovers.</b>	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$
\$	List the total amount of veterans non-education benefits received in 2014. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. <b>Do not include</b> federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.	\$
\$	List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	N/A

**I certify that the information included on this form is true and I am willing to provide additional documentation if requested. You (and one of your parents, if dependent) must sign below.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date