



OFFICE OF FINANCIAL AID

UNTAXED INCOME VERIFICATION, 2019- 2020

STUDENT FULL LEGAL NAME _____

PLEASE INDICATE THE AMOUNT OF UNTAXED INCOME RECEIVED IN 2017.

AMOUNT RECEIVED BY STUDENT (AND SPOUSE)	CALENDAR YEAR 2017 UNTAXED INCOME	AMOUNT RECEIVED BY PARENT(S)
\$	IRA Deductions and payments to self-employed SEP, SIMPLE and Keogh and other qualified plans from IRS Form 1040 (total of 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)	\$
\$	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings) , including, but not limited to amounts reported on the W-2 forms in boxes 12a through 12d, codes D,E,F,G,H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	
\$	Untaxed portions of IRA distributions from IRS Form 1040 (line 15a minus 15b) or 1040A (line 11a minus 11b). Exclude rollovers. If negative, enter a 0.	\$
\$	Untaxed portions of pensions and annuities from IRS Form 1040 (line 16a minus 16b) or 1040A (line 12a minus 12b). Exclude rollovers. If negative, enter a 0.	\$
\$	Housing, food, and other living allowance paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans' non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040---line 25. Don't include extended foster benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as grandparents, aunts, uncles, and non-custodial parents).	\$
\$	Cash received or any money paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$
TOTAL STUDENT AND SPOUSE \$ <input type="text"/>		TOTAL PARENT \$ <input type="text"/>

By signing this worksheet, I (we) certify that all the information reported to qualify for federal Student aid is complete and correct.

SIGNATURE OF STUDENT _____

SIGNATURE PARENT/GUARDIAN _____

RETURN TO:
 CCAD One-Stop Student Services
 60 Cleveland Ave., Columbus OH 43215
 P 614.222.3295 F 614.222.4034 financialaid@ccad.edu