



Georgia Tech ID							
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Office of Scholarships and Financial Aid

## 2018-2019 Student Untaxed Income Form

Student's Last Name	First Name	MI

Please complete the worksheet so that we may verify information reported on the 2018-2019 Free Application for Federal Student Aid (FAFSA) and/or verification documentation.

Student	Annual Amount (s) Received in 2016	Spouse
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported in the W-2 Form in Boxes 12a-12d, codes D, E, F, G, H and S. <b>Do not include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and KEOGH and other qualified plans from Form 1040-total of lines 28 + 32 <b>or</b> 1040A-line 17.	\$
\$	Child support <b>RECEIVED</b> for all children. <i>Do not include foster care or adoption payments.</i>	\$
\$	Tax exempt interest income from Form 1040, line 8b <b>or</b> 1040A, line 8b.	\$
\$	Untaxed portions of IRA distributions from 1040- lines (15a minus 15b) <b>or</b> 1040A- lines (11a minus 11b). <b>Exclude rollovers.</b> If negative, enter "0".	\$
\$	Untaxed portions of pensions from 1040- lines (16a minus 16b) <b>or</b> 1040A- lines (12a minus 12b). <b>Exclude rollovers.</b> If negative, enter "0".	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Do not include</b> 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, <b>or</b> Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported above, such as workers' compensation, disability, untaxed portions of health savings accounts from IRS Form 1040 – line 25, etc. <b>Do not include</b> extended foster care 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 flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$

I certify that all information provided is accurate and true to the best of my knowledge.

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

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**(Required for a dependent student)**

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\*\*Faxes are received by a secure server\*\*

Submit at My Requirements and Eligibility