Please complete the following worksheet to verify the amounts of untaxed income you reported on question #94 on the 2019-2020 Free Application for Federal Student Aid (FAFSA).

- Indicate total yearly income amounts earned or received from January 1, 2017 to December 31, 2017. Report all figures as whole numbers, rounded to nearest dollar.
- If you live in a foreign country and you are not legally required to file a 2017 U.S. federal income tax return, check this box and complete this form. Attach translated documentation of your income, such as a signed foreign income tax return or employer statement. Convert all amounts to U.S. dollars.

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**Student’s Name**
- Last: __________________________
- First: __________________________

**Student’s ID Number**
- __________________________

**Parents:**
- Please complete the following worksheet to verify the amounts of untaxed income you reported on question #94 on the 2019-2020 Free Application for Federal Student Aid (FAFSA).
- Indicate total yearly income amounts earned or received from January 1, 2017 to December 31, 2017. Report all figures as whole numbers, rounded to nearest dollar.
- If you live in a foreign country and you are not legally required to file a 2017 U.S. federal income tax return, check this box and complete this form. Attach translated documentation of your income, such as a signed foreign income tax return or employer statement. Convert all amounts to U.S. dollars.

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**This Parent Non-Filing Statement includes information for:**
- Both parents
- Father only
- Mother only
- Noncustodial Parent
- Stepfather
- Stepmother
- Legal Guardian

**Sources of Income in 2017**

1. Payment 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-12d, codes D, E, F, G, H, and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).
   - Total Amount in 2017
   - $ ______________________

2. IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS form 1040 (total of lines 28+32), or 1040A line 17.
   - Total Amount in 2017
   - $ ______________________

3. Child support received for all children. Don't include foster care or adoption payments.
   - Total Amount in 2017
   - $ ______________________

4. Tax exempt interest income from IRS form 1040 line 8b or 1040A line 8b.
   - Total Amount in 2017
   - $ ______________________

5. Untaxed portions of IRA distributions from IRS form 1040 lines (15a minus 15B) or 1040A lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.
   - Total Amount in 2017
   - $ ______________________

6. Untaxed portions of pensions from IRS form 1040 lines (16a minus 16B) or 1040A lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.
   - Total Amount in 2017
   - $ ______________________

7. Housing, food, and other living allowances paid to members of the military, clergy or others (including cash payments and cash value of benefits paid on your behalf). Don't include the value of on-based military housing or the value or basic military allowances for housing.
   - Total Amount in 2017
   - $ ______________________

8. Veterans noneducational benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.
   - Total Amount in 2017
   - $ ______________________

9. Other untaxed income not reported above, 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 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 tax on special fuels.
   - Total Amount in 2017
   - $ ______________________

10. Money received or paid on parents’ behalf (e.g. bills) not reported elsewhere on this form.
   - Total Amount in 2017
   - $ ______________________

11. Total Parent Untaxed Income for 2017 Calendar Year:
   - $ ______________________

**Certification:**

I/we affirm that all the information on this form is true and correct to the best of my/our knowledge. If requested, I/we will provide additional proof or the information provided on this form. I/we understand that false statements or misrepresentation will be cause for denial, reduction, withdrawal or repayment of financial aid. Signatures are required for all persons reporting income above.

Parent 1 Printed Name and Signature __________________________ Date __________________________

Parent 2 Printed Name and Signature __________________________ Date __________________________