

MISSOURI STATE™ UNIVERSITY
Office of Student Financial Aid

Untaxed Income Information 2009 - 2010

Student Name: _____ SSN: _____
 (Please Print)

Please indicate the amount of untaxed income received in 2008.
 (This information was collected on FAFSA, question 47 for students and question 95 for parents).

Complete, sign and return this form even if all totals are zero.

Amount Received by Student (and Spouse)	CALENDAR YEAR 2008 UNTAXED INCOME Please do not leave blank, but indicate zero if applicable.	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 lines (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.	\$
\$	Amounts reported on W-2 Forms, boxes 12a through 12d, codes D, E, F, G, H and S, including, but not limited to, payments to tax-deferred pension and savings plans (paid directly or withheld from earnings).	\$
\$	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.	\$
\$	Untaxed portions of pensions and annuities from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter a zero.	\$
\$	Housing, food, and other living allowance paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$
\$	Veterans' noneducation benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Any other untaxed income not reported, such as worker's compensation, disability, etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment 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.	\$
\$	Cash received or any money paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$
\$	TOTAL STUDENT (and SPOUSE)	TOTAL PARENT(S)

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

 Student Date

 Father/Stepfather or Mother/Stepmother Date

Return to: Missouri State University
 Office of Student Financial Aid
 901 S. National
 Springfield, Mo 65897

For Office Use: Log-In Basket