



## 2026-2027 Untaxed Income Worksheet

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) has been selected for review through the verification process. In order to ensure the accuracy of your financial aid eligibility and awards, Student Financial Services will compare the information provided on your FAFSA with the information provided below and other documentation that you may be required to submit. Student Financial Services may make electronic corrections to your FAFSA as a result of the verification process, which may result in changes to your final financial aid eligibility and awards.

If more space is needed, attach a separate page with the student's name and SAIC ID number at the top.

### A. Student Information

Student Name	SAIC ID Number
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Address	City	State	Zip
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Home Phone	Cell/Alternate Phone
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Email
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### B. Payments to Tax-deferred Pension and Retirement Savings

List any payments (direct or withheld from earnings) made by yourself, your spouse (if married) and/or your parent(s) (if you are a dependent student) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans), including, but not limited to, amounts reported on IRS Forms W-2 in Boxes 12a through 12d with codes D, E, F, G, H, and S. **If there were no payments made please list zero in total column.**

Name of Person Who Made the Payment	Total Amount Paid in 2024

(Continued on next page)

<b>Student Name</b>	<b>SAIC ID Number</b>

**C. Child Support Received**

List the actual amount of child support received in 2024 by yourself, your spouse (if married) and/or your parent(s) (if you are a dependent student). **If there was no child support received please list zero in total column.**

**Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support was Received	Total Amount of Child Support Received in 2024

**D. Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others**

List the value of cash payments and/or the cash value of payments received in 2024 by yourself, your spouse (if married) and/or your parent(s) (if you are a dependent student). **If there were no payments received please list zero in total column.**

**Do not include** the value of on-base military housing or the value of a basic military allowance.

Name of Recipient	Type of Benefit Received	Total Amount of Benefit Received in 2024

**E. Veterans Non-Education Benefits**

List the total amount of veterans' non-education benefits received in 2024 by yourself, your spouse (if married) and/or your parent(s) (if you are a dependent student). Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **If there were no benefits received please list zero in total column.**

**Do not include** federal veterans educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, and VEAP Benefits.

Name of Recipient	Type of Veterans Non-education Benefit	Total Amount of Benefit Received in 2024

*(Continued on next page)*

<b>Student Name</b>	<b>SAIC ID Number</b>

**F. Other Untaxed Income**

List the amount of other untaxed income not reported and not exclude elsewhere on this form received in 2024 by yourself, your spouse (if married) and/or your parent(s) (if you are a dependent student). 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. **If there was no income received please list zero in total column.**

**Do not include** any items reported or excluded in Sections B through E above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Total Amount of Other Untaxed Income Received in 2024

**G. Other Untaxed Income**

List any money received or paid on the student's behalf (e.g. payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2024. Include support from a parent whose information was not reported on the student's 2026-27 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2026-2027 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parent(s), such as grandparents or aunts/uncles of the student. **If there was no income received, list \$0 for the total.**

Purpose	Total Amount Received in 2024	Source

**H. Certification and Signatures**

**I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge.**

**Note: Electronic/Typed signatures are not acceptable.**

Student Signature	Date
Parent Signature (Dependent Students Only)	Date