

Financial Aid Office
 7250 Mesa College Drive
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Financial Aid Office Hours
FALL & SPRING SEMESTERS
 M - TH 8:00 - 6:00
 F 8:00 - 12:00
SUMMER SESSIONS
 M - TH 7:30 - 6:00
 F CLOSED

2009/2010 CERTIFICATION OF UNTAXED INCOME

NAME: _____

CSID: _____

On your application for financial aid for the 2009-2010 academic year, you reported that either you, your spouse, and/or your parents, had income in 2008 that appears on the worksheet below (Questions 47 and/or 95 on the FAFSA).

At this time we need to verify these figures. Please complete the worksheet below, which is a duplicate of the "Untaxed Income" worksheet given in the FAFSA, showing how you arrived at the amount(s) given on line(s) 47 and/or 95 of the FAFSA. Please provide the 2008 **ANNUAL** total(s).

Parents (Q95)	2008 Untaxed Income	Student/ Spouse (Q47)
\$	a. Payments to tax-deferred pension and 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.	\$
\$	b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	\$
\$	c. Child support received for all children. Don't include foster care or adoption payments.	\$
\$	d. Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	\$
\$	e. 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.	\$
\$	f. 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.	\$
\$	g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$
\$	h. Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	i. Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, 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.	\$
XXXXXXXX	j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$
\$	TOTAL	\$

 Parent Signature Date

 Student Signature Date

Please note: Parent's signature is required for all dependent students.