



Verification of Other Untaxed Income for 2017
 Office of Financial Aid and Scholarships
 P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098
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Office Use Only
UTXEVN

STUDENT'S NAME: _____ CWID: _____

Complete this worksheet. **ALL SECTIONS MUST BE FILLED IN.** Write N/A (not applicable) or a zero if the field does not pertain to you.

Check here if the student **was required to provide parental information** on the FASFA. Answer each question as it applies to the student and the student's parent(s) whose information was on the FASFA.

Check here if the student **was not required to provide parental information** on the FAFSA. Answer each question as it applies to the student (and the student's spouse, if applies) whose information is on the FASFA.
If more space is needed, attach a separate page with your name and CWID at the top.

A. Child Support Received

List the actual amount of any **child support received** in 2017. Enter zeros if no funds were received. **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 | Annual Amount of Child Support Received in 2017 |
|---|---|---|
| | | |
| | | |
| | | |
| Total Amount of Child Support Received | | \$ |

B. Payments to Tax-Deferred Pension and Retirement Savings

List any payments (direct or withheld from earnings) 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 W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

| Name of Person Who Made the Payment | Annual Amount Paid in 2017 |
|--|----------------------------|
| | |
| | |
| | |
| Total Payments to tax-deferred pension and retirement savings | \$ |

C. Housing, food and other living allowance paid to members of the military, clergy, and others

Include cash payments and/or cash value of benefits received. **Do not include** the value of on-base military housing or the value of basic military allowance for housing.

| Name of Recipient | Type of Benefit Received | Annual Amount of Benefits Received in 2017 |
|--|--------------------------|--|
| | | |
| | | |
| | | |
| Total Amount of Benefits Received | | \$ |

D. Veterans Non-Education Benefits

List the total amount of veterans non-education benefits received in 2017. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Education Work-Study allowances. **Do not include** federal veterans education benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

| Name of Recipient | Type of Veterans Non-Education Benefit Received | Annual Amount of Benefits Received in 2017 |
|--|---|--|
| | | |
| | | |
| | | |
| Total Amount of Benefits Received | | \$ |

E. Other Untaxed Income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. 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.

Do not include any items reported or excluded from A-D 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, foreign income exclusion, or credit for federal tax on special fuels.

| Name of Recipient | Type of Other Untaxed Income | Annual Amount of Other Untaxed Income Received in 2017 |
|---|------------------------------|--|
| | | |
| | | |
| | | |
| Total Amount of Other Untaxed Income | | \$ |

F. Money Received or Paid on the Student's Behalf

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. Include support from a parent whose information **was not** reported on the student's 2019-2020 FAFSA, but **do not** include support from a parent whose information was reported. Examples are, 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 2019-2020 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 parents, such as grandparents, aunts, uncles of the student.

| Purpose: e.g., Cash, Rent, Books | Source | Amount Received in 2017 |
|----------------------------------|--------|-------------------------|
| | | |
| | | |
| | | |
| Total Amount Received | | \$ |

G. Additional Information

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits and other amounts received by the student and any members of the student's household. This may include resources and benefits that are not required to be reported on the FAFSA (e.g, federal veterans' educational benefits, military housing, SNAP, TANF, HUD Housing, etc.)

| Name of Recipient | Type of Financial Support | Amount of Financial Support Received in 2017 |
|---|---------------------------|--|
| | | |
| | | |
| Total Amount of Financial Support Received | | \$ |

Additional Explanation of Support if Needed:

Certification and Signature: You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

- 1.All of the information provided is true and complete to the best of your knowledge
- 2.All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce
- 3.Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided
- 4.Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
- 5.Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided
- 6.All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

| | |
|--|--------------------|
| Student's Signature | Date |
| Student's Spouse's Printed Name, if married | Spouse's Signature |
| Student's Parent's Printed Name, if dependent | Date |
| | Date |