

Verification of Other Untaxed Income for 2020

Office Use Only UTXEVN

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098

FAO. Verification@tamuc.edu

STUDENT'S NAME: _____CWID: ____

	olete this worksheet. <u>ALL SECT</u> not pertain to you.	YONS MUS	ST BE FILLE	<u>D IN</u> . Writ	te N/A (not applic	able) or a zero if the field
Check the stu	there if the student was required to adent and the student's parent(s) w	<i>to provide p</i> vhose inforn	parental information was on the	vation on the	ne FASFA. Answer	r each question as it applies to
] Ch	eck here if the student was not rec applies to the student (an If more space is need	nd the studer	nt's spouse, if a	applies) who	ose information is	on the FASFA.
List the actual	Support Received I amount of any child support received in that was court-ordered but not actually paid	n 2020. Enter ze	eros if no funds we	ere received. D	o not include foster ca	re payments, adoption payments, or
Name	Name of Adult Who Received the Support		Name of Child For Whom Support Was Received			Annual Amount of Child Support Received in 2020
				of Child S	upport Received	\$
List any paym	ents to Tax-Deferred Pension ar nents (direct or withheld from earnings) to eported on IRS W-2 forms in Boxes 12a th	tax-deferred p	pension and retiren		ans (e.g., 401(k) or 403	3(b) plans), including but not limited
	Name of Person Who Made t	the Paymen	nt		Annual Amou	unt Paid in 2020
Total Pa	nyments to tax-deferred pension	and retire	ment savings	\$		
	ng, food and other living allowa payments and/or cash value of benefits rec					
	Name of Recipient	Туј	pe of Benefit F	Received	Annual Amou	unt of Benefits Received in 2020
		Total Amou	unt of Benefits	Received	\$	
	ans Non-Education Benefits					
and/or VA Ed	amount of veterans non-education benefits ducation Work-Study allowances. Do not i ogram, VEAP Benefits, Post-9/11 GI Bill	include federal				
	Name of Recipient		e of Veterans I Benefit Re		ition Annual A	Amount of Benefits Received in 2020
		Total	Amount of Be	enefits Reco	eived \$	

UXTODD PG 2 CWID:				
ine 25, Railroad Re le student aid, Earne lemental Security In	d income such as workers' compensation, disability, tirement Benefits, etc. d Income Credit, Additional Child Tax Credit, come (SSI), Workforce Investment Act (WIA) credit for federal tax on special fuels.			
axed Income	Annual Amount of Other Untaxed Income Received in 2020			
taxed Income	\$			
and not reported elsewhere on this form. Include support from a parent de support from a parent whose information was reported. Examples are, clude the amount of that person's contributions unless the person is the mounts paid on the student's behalf also include any distributions to the such as grandparents, aunts, uncles of the student.				
!	Amount Received in 2020			
ınt Received	\$			
provide below information about any other resources, benefits usehold. This may include resources and benefits that are not s, military housing, SNAP, TANF, HUD Housing, etc.)				
al Support	Amount of Financial Support Received in 2020			
	Received in 2020			
port Received	\$			
port Received				
nt's spouse, if applicable, by signing this form certify: e used solely for purposes to pay the cost of attending A&M-				
ded. v the accuracy of this completed form and/or clear conflicting				
ation requested and such information may include IRS Tax Return				

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 2020
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 2022-2023 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 2022-2023 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 2020
	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 2020
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	Date
Student's Parent's Printed Name, if dependent	Parent Signature	Date