

## **Verification of Other Untaxed Income for 2022**

Office Use Only UTXODD

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: \_\_\_\_

	ent was required to provide padent's parent(s) whose information			SFA. Answer	each question as it applies to
applies <i>If</i>	student was not required to p s to the student (and the student) more space is needed, attack	ent's spouse, if a	applies) whose i	nformation is	on the FASFA.
A. Child Support Recei- List the actual amount of any chil any amount that was court-order	d support received in 2022. Enter a				
Name of Adult Who	o Received the Support	Name of C	Child For Who Was Received	n Support	Annual Amount of Child Support Received in 2022
		   Total Amount	t of Child Supp	ort Received	\$
	ferred Pension and Retiren	nent Savings			
List any payments (direct or with	held from earnings) to tax-deferred forms in Boxes 12a through 12d w			g., 401(k) or 403	(b) plans), including but not limited
List any payments (direct or with o, amounts reported on IRS W-2		ith codes D, E, F, G	H, and S.		(b) plans), including but not limited
List any payments (direct or with o, amounts reported on IRS W-2	forms in Boxes 12a through 12d w	ith codes D, E, F, G	H, and S.		
ist any payments (direct or with o, amounts reported on IRS W-2	forms in Boxes 12a through 12d w	ith codes D, E, F, G	H, and S.		
List any payments (direct or with o, amounts reported on IRS W-2  Name of Pe	forms in Boxes 12a through 12d w	vith codes D, E, F, G	H, and S.		
Total Payments to tax- C. Housing, food and ot include cash payments and/or cash	t forms in Boxes 12a through 12d warson Who Made the Payme	ement savings o members of t	\$ he military, cle	Annual Amou	unt Paid in 2022
Name of Pe  Total Payments to tax- C. Housing, food and ot nclude cash payments and/or cash	croms in Boxes 12a through 12d warson Who Made the Payments of	ement savings o members of t	\$ he military, cle of on-base military	Annual Amou	unt Paid in 2022
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Total Payments to tax- C. Housing, food and ot nelude cash payments and/or cashousing.	rson Who Made the Payme  deferred pension and retire ther living allowance paid to shall value of benefits received. Do not be ceipient  T	ement savings o members of the tinclude the value	\$ he military, cle of on-base military	Annual Amou	rs ue of basic military allowance for unt of Benefits Received in
Total Payments (or cash payments and/or cash payments and/or cash payments and/or cash payments Name of R  Name of R  D. Veterans Non-Educa	rson Who Made the Payme  deferred pension and retires ther living allowance paid to shave value of benefits received. Do not the payment of t	ement savings o members of the include the value  ype of Benefit I  ount of Benefits  O22. Include Disabil	\$ he military, cle of on-base military  Received  8 Received \$	Annual Amou	rs ue of basic military allowance for unt of Benefits Received in 2022

**Total Amount of Benefits Received** 

<b>UXTODD PG 2 CWID:</b>	
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## 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 2022
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 2024-2025 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 2024-2025 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 2022
	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 2022
Total Am	ount 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
	Parent Signature	
Student's Parent's Printed Name, <b>if dependent</b>		Date