



**Verification of Other Untaxed Income for 2016**  
 Office of Financial Aid and Veteran Services  
 7101 University Ave, Texarkana, TX, Telephone: 903.334.6601 Fax: 903.223.3140  
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<b>Office Use Only</b> UTXEVN
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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 FAFSA. Answer each question as it applies to the student and the student's parent(s) whose information was on the FAFSA.

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 FAFSA.  
*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 2016 for the children in your household. Enter zeros if no funds were paid. **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	Amount Received in 2016

**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	Total Amount Paid in 2016

**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	Amount of Benefit Received in 2016

**D. Veterans Non-Education Benefits**

List the total amount of veterans non-education benefits received in 2016. 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	Amount of Benefit Received in 2016

**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	Amount of Other Untaxed Income Received in 2016

**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. Enter the total amount of cash support the student received in 2016. Include support from a parent whose information was not reported on the student's 2018-2019 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 2018-2019 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 and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2016	Source

**G. Additional Information**

Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

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

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2016

**Additional Explanation of Support if Needed:**

**Certification and Signature:** Each person signing this worksheet certifies that all of the information reported on it is complete and correct. After completing please print, sign and you can fax it to our office at (903)223-3140 or you can send it as an attachment to [finaid@tamut.edu](mailto:finaid@tamut.edu).

Student's Signature	Date
Student's Spouse's Printed Name, <b>if married</b>	Spouse's Signature
Student's Parent's Printed Name, <b>if dependent</b>	Parent Signature
	Date