# 2015-2016 Independent Untaxed Income Worksheet

**Student Name:** _______________________________  **SMC ID#** _______________________________

**ENTER 0 FOR ANY ITEMS THAT DO NOT APPLY. DO NOT LEAVE ANY FIELDS BLANK!**

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>Calendar Year 2014</th>
<th>SPOUSE</th>
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| $ _______ | Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to amounts reported on the W-2 Form in Box 12a-12d, codes D, E, F, G, H, and S. | $ _______
| $ _______ | Child support received for all children. Do not include foster care or adoption payments. | $ _______
| $ _______ | Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing. | $ _______
| $ _______ | Veterans’ non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. Do not include veterans educational benefits such as: Montgomery GI Bill, Post-9/11 GI Bill | $ _______
| $ _______ | Any other untaxed income or benefits, not reported elsewhere on this worksheet, such as worker’s compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits etc. **DO NOT INCLUDE** student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, 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. Identify source(s) of untaxed income, if applicable: Student _________________ Spouse ____________________ | $ _______
| $ _______ | Cash received, or any money paid on your behalf, not reported elsewhere on this form. For example, if someone is paying the student’s rent or tuition bills or gives the student cash, report the value of those contributions. | $ _______

So that we may more fully understand your family’s financial situation, please indicate whether any of the following resources/benefits were received by the student, parent or a member of the parent’s household in calendar year 2014. CHECK ALL THAT APPLY.

- ☐ Temporary Aid to Needy Families (TANF)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Subsidized Housing or Fuel Assistance
- ☐ Untaxed Social Security/Social Security Disability Income
- ☐ Supplemental Security Income (SSI)
- ☐ Military Housing or Untaxed Combat Pay

**CERTIFICATION:** I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Please print and sign before submitting. We **CANNOT** accept digital signatures.

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**Student Signature** _______________________________  **Date** _______________________________

**Spouse Signature (if applicable)** _______________________________  **Spouse Printed Name** _______________________________  **Date** _______________________________