SAINT MICHAEL'S COLLEGE FOUNDED 1904

2023-2024 Independent Student Untaxed Income Worksheet

Student Name:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   SMC ID#＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

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

STUDENT	Calendar Year 2021	SPOUSE
$＿＿＿	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. **DON'T INCLUDE** extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-based military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels. Identify the 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.	$＿＿＿

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 <u>CANNOT</u> accept digital signatures.

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   ＿＿＿＿＿＿＿＿＿＿＿
Student Signature   Date

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿   ＿＿＿＿＿＿＿＿＿＿＿
Spouse Signature (if applicable)   Spouse Printed Name   Date

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