

### 2026-2027 Dependent Untaxed Income Worksheet

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

**ENTER 0 FOR ANY ITEMS THAT DO NOT APPLY. DO NOT LEAVE ANY FIELDS BLANK!**  
**REPORT CALENDAR YEAR 2024 INCOME**

| STUDENT  | Calendar Year 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PARENT(S) |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| \$ _____ | Payments to tax-deferred pension/retirement savings plans (paid directly or withheld from earnings), including, but not limited to amounts 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. <b>DON'T INCLUDE</b> 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 source(s) of untaxed income, if applicable:<br><br>Student _____ Parent _____ | \$ _____  |
| \$ _____ | Money received, or any money paid on your behalf, not reported elsewhere on this form. Include support received from a parent whose information was not reported on the student's 2026-27 FAFSA. <b>DO NOT INCLUDE</b> support from the parent(s) whose information was reported on the 2026-27 FAFSA. For example, if someone is paying the student's rent or tuition bills or gives the student cash, report the value of those contributions unless that person is the student's parent whose information was reported on the 2026-27 FAFSA. Also report distributions from a 529 plan if that plan is owned by someone other than the student or parent whose information is reported on the 2026-27 FAFSA.                                                                                                                         | N/A       |

**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, sign and date before submitting. We **CANNOT** accept digital signatures.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date