

Stevenson University Financial Aid Office 100 Campus Circle Owings Mills, MD 21117 Phone: 443-334-3200 Fax: 443-352-4370

Email: financial-aid@stevenson.edu

2021-2022 Other Untaxed Income Worksheet

Student's Last Name, First Name, Middle Initial.		Steven	son University I.D. #
Student's Home Phone Number (included)	Student's Home Phone Number (include area code)		t's Date of Birth
Complete this worksheet to verify untaxed enter "N/A" for Not Applicable where a res			
If the student was required to provide parestudents parent(s) whose information is or		SA, answer each o	question below as it applies to the student and
If the student was not required to provide (and the student's spouse, if married) who			ach question below as it applies to the student
2019 IRS W2 forms: Provide copies of a parents or to the independent student and			s to the dependent student and the student's
	onths in 2019 you paid or rec	eived it. If you die	ne same dollar amount every month in 2019, d not pay or receive that same amount each
If more space is needed, provide a se	parate page with student's na	ame and SU ID n	umber.
A. Payments to tax-deferred pension List any payments (direct or withheld from plans), including, but not limited to, amounts	n earnings) to tax-deferred pe		
Name of Person Who Made	•		Annual Amount Paid in 2019
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Total payments to tax-deferred pension a	and retirement savings.	\$	
B. Child support received List the actual amount of any child support adoption payments, or any amount that w			sehold. Exclude foster care payments,
Adult Who Received the Support	Child for Whom Sup Received	port Was	Annual Amount Child Support Received in 2019
Total amount of o	child support received		\$
C. Housing, food, and other living allo Include cash payments and/or the cash value of a basic military allowance for	value of benefits received suc		, clergy, and others. de the value of on-base military housing or
Name of Recipient	Type of Benefit Re	eceived	Annual Amount of Benefit Received in 2019
Total amount o	of benefits received		\$

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List the total amount of veterans non-education benefits received in 2019. **Include** Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Exclude** federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, and Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education	Annual Amount of Benefit
	Benefit Received	Received in 2019
Total amount of benefits received		\$

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. **Exclude** any items reported or excluded in A-D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Family (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), 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 2019
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. Enter the total amount of cash support the student received in 2019. **Include** support from a parent whose information was not reported on the student's 2021-2022 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 contribution **unless the person is the student's parent whose information is reported on the student's 2021-22 FAFSA.** Amounts paid on the student's behalf also include any distributions to the student from a 529 plan <u>owned by someone</u> other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Amount Received in 2019
Total amount received	\$	

Additional Information

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 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, HUD, etc.

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2019
Certifications and Signatures: Each person signing below certifies that all information was reported on the FAFSA mu	of the information reported is complete and out of sign and date.	correct. The student and one parent whose

Student's Signature Date

Parent's Signature (required for dependent students)

Date

Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.