

## 2016-2017 UNTAXED INCOME RECEIVED IN 2015 – STUDENT

<b>RETURN TO:</b> CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 <b>FAX: (805) 756-7243</b> <b>EMAIL: <a href="mailto:financialaid@calpoly.edu">financialaid@calpoly.edu</a></b>	Student Last Name:
	Student First Name:
	Phone #: <span style="float: right;">EMPL ID#:</span>

**IMPORTANT: Submit as soon as possible.** Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for review. If awarded FWS, SEOG, or Perkins, documents must be submitted no later than June 30, 2016 to avoid potential cancelation of those funds. In all circumstances, for any aid, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

The Department of Education has selected your FAFSA for review in a process called Verification. You indicated that you or your spouse **received Untaxed Income in 2015**. In this process, we will be confirming information from your FAFSA with information we are collecting on this form. Please indicate below the amount of untaxed income received in 2015.

**If you or your spouse worked during 2015, you are required to submit a copy of your W-2(s) to the Financial Aid Office.**

**Enter the TOTAL 2015 combined amounts for you and your spouse. Answer every item. Report annual, NOT monthly, amounts. Enter \$0 if there is nothing to report.**

**For Office Use Only**

  
  
  

Initials \_\_\_\_\_

Untaxed Income: Student and Spouse 2015 Annual Totals - FAFSA Question 94	2015 Total
a. 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 forms in Boxes 12a through 12d, codes D,E,F,G,H and S. Do not include amounts reported in code DD (employer contributions towards employee health benefits).	\$
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	\$
c. Child Support RECEIVED for any of your children. <i>Do not include foster care or adoption payments.</i>	\$
d. Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	\$
e. Untaxed portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b) If negative, enter a zero here. <span style="float: right;"><b>Check Box if Rollover:</b> <input type="checkbox"/></span>	\$
f. Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). If negative, enter a zero here. <span style="float: right;"><b>Check Box if Rollover:</b> <input type="checkbox"/></span>	\$
g. 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.	\$
h. Veterans' non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
i. Other untaxed income not reported above, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusions or credit for federal tax on special fuels.	\$
j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a non-custodial parent that is not part of a legal child support agreement. Also include distributions you received from a 529 plan that is owned by someone other than you or your parents.	\$

**SIGN and DATE:**

I certify that all information on this form and any attachment is true, complete, and accurate.

False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
Student Signature (Required. No electronic signature.)

\_\_\_\_\_  
Date  
FUNS17