



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

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SPU.EDU/SFS

2021 - 2022 UNTAXED INCOME FORM

STUDENT NAME: _____ SPU ID: _____

Please list below all **2019** income earned or received in the following categories. **Do not leave any blank spaces. If an answer is zero or does not apply, enter "0."**

Note: FAFSA applicants must submit tax information from **two** years prior—in this case, **2019**.

Information requested on FAFSA section 44 (student) and section 92 (parent)	Parent(s)	Student/Spouse
a. Payments to tax-deferred pension and 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 toward employee health benefits).		
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1 – total of lines 15 + 19.		
c. Child support received for all children. Do not include foster care or adoption payments.		
d. Tax exempt interest income from IRS Form 1040 – line 2a.		
e. Untaxed portions of IRA distributions and pensions from IRS Form 1040 – (lines 4a + 4c) minus (lines 4b + 4d). Exclude rollovers . If negative, enter a zero here.		
f. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments or cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.		
g. Veterans' non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.		
h. Other untaxed income not reported on the FAFSA in items 44a/92a through 44g/92b, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 12. 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 and Opportunity 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 exclusion or credit for federal tax on special fuels.		
i. Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement, and distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (e.g., grandparents, aunts, uncles, non-custodial parents).	XXX.XX	
Total		

By signing this verification statement, we attest that all information reported on this form is true and complete to the best of our knowledge. If asked, we agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

Student Signature	Date	Phone	Email
Parent Signature	Date	Phone	Email