Suffolk University • Office of Financial Aid • 41 Temple Street • Boston, MA 02114
617-573-8470 • 617-720-3579 (fax)

Student's Name _____Student ID *or* Social Security Number _____

2009-2010 Untaxed Income Worksheet

According to information reported on your Student Aid Report for the 2009-2010 academic year, you and/or your parents reported **untaxed income or benefits** for the 2008 calendar year. In order to verify this untaxed income/benefit, please complete, sign and return this form.

Student/Spouse ↓	**Report Annual Amounts**	**Parent(s)** ↓
	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 form in Boxes 12a-12d, codes D, E, F, G, H and S.	
	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.	
	Child Support **received** for all children. Do not include foster care or adoption payments.	
	Tax exempt interest income from IRS Form 1040 line 8b or 1040A line 8b.	
	Untaxed portion of IRA distributions from IRS Form 1040 lines (15a minus 15b); or 1040A (lines 11a minus 11b). **Exclude rollovers**. If negative, enter a zero here.	
	Untaxed portion pensions from IRS Form 1040 lines (16a minus 16b); or 1040A (lines 12a minus 12b). **Exclude rollovers**. If negative, enter a zero here.	
	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	
	Veterans' non educational benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
	Any other untaxed income or benefits not reported elsewhere such as workers' compensation, disability… etc. ***Do not include any of the following: student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits , combat pay (if you are not a tax filer), benefits from flexible spending arrangements(i.e. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.***	
	Money **received, or paid on your behalf** (i.e. bills), not reported elsewhere on this form.	**xxxxx**
$	**Total**	**$**

Student's Signature _____

Parent's Signature _____
(***Parent must sign if child is a dependent student***.)

Date _____