

**Suffolk University**

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108  
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**2019– 2020 Untaxed Income Worksheet for Independent Student**

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_

According to information reported on your Student Aid Report for the 2019-2020 academic year, you reported **untaxed income or benefits** for the 2017 calendar year. In order to verify this untaxed income/benefit, please complete, sign and return this form.

**Student/Spouse Report Amounts for 2017**



	<p>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-12d, codes D, E, F, G, H and S. <b>Do not include amounts reported with code DD.</b></p> <p><b>Name of person who made the payment:</b> _____</p>
	<p>Child Support received for all children. <b>Do not include foster care or adoption payments or any amount that was court ordered but not actually paid.</b></p> <p><b>Name of person who received the support:</b> _____</p> <p><b>Name of child for whom support was received:</b> _____</p>
	<p>Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <b>Do not include the value of on-base military housing or the value of basic military allowance for housing.</b></p> <p><b>Name of recipient:</b> _____</p> <p><b>Type of benefit received:</b> _____</p>
	<p><b>Veterans' non educational benefits</b> such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. Do not include federal veterans educational benefits such as Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post 9/11 GI Bill.</p> <p><b>Name of recipient:</b> _____</p> <p><b>Type of Veterans Non-educational Benefit:</b> _____</p>
	<p>Any other untaxed income or benefits not reported elsewhere such as workers' compensation, disability. Also include the untaxed portion of health savings accounts from IRS Form 1040 line 25. <b>Do not include any of the following: 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 (i.e. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.</b></p> <p><b>Name of Recipient:</b> _____</p> <p><b>Type of Other Untaxed Income:</b> _____</p>
	<p><b>Money received, or paid on the student's behalf</b> – do not include money reported elsewhere on this form. Include money received or paid on your behalf (i.e. bills, rent...) Also include distributions from a 529 plan (owned by someone <u>other</u> than the student or student's parents)</p> <p><b>Purpose (cash, rent, books...):</b> _____</p> <p><b>Source (grandparent, aunt...):</b> _____</p>
\$	<b>TOTAL</b>

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_