

Student Rocket Number

Student Last Name

Student First Name

( )

Preferred Phone Number



**Parent Untaxed  
Income Worksheet  
2009-10**

You were mailed this form to help the Office of Student Financial Aid clarify a conflict regarding information you reported on the Free Application for Federal Student Aid (FAFSA). The U.S. Department of Education requires us to resolve conflicting information, therefore, complete this worksheet and return it to our office so that we can continue processing your federal financial aid application.

**Parent information should include the parent(s)/step-parent whose information was provided on the FAFSA.**

**REPORT AMOUNTS FOR CALENDAR YEAR 2008**

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on W-2 Form in boxes 12a through 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 you received for all children. Don't include foster care or adoption payments.	\$
Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	\$
Untaxed portions 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 portions of 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-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$
Other untaxed income not reported elsewhere, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$

By signing this worksheet, I certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Parent Signature

Date

**RETURN TO:**

**The University of Toledo  
Office of Student Financial Aid  
2801 West Bancroft Street, Mail Stop 314  
Toledo, Ohio 43606-3390**

**Phone: 419.530.8700  
Fax: 419.530.5835**