



SUNY BROCKPORT
 Office of Financial Aid
Untaxed Income - Worksheet A & B
Calendar Year 2006
Independent

Student Name: _____ SSN or Banner ID: _____

Please report the amount(s) for yourself and your spouse, if applicable, for the calendar year 2006. We cannot assume a blank line to mean "0" or "none". Place the appropriate answer on each line.

	<u>Student (and spouse if applicable)</u>
Earned income credit from IRS Form 1040 – line 66a; 1040A – line 40a; 1040EZ – line 8a; or Telefile – line L.	\$ _____
Additional child tax credit from IRS Form 1040 – line 68 or 1040A – line 41.	\$ _____
Welfare benefits, including Temporary Assistance for Needy Families (TANF). Do NOT include food stamps or subsidized housing.	\$ _____
Social Security benefits received that were not taxed (such as SSI).	\$ _____
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings) including , but not limited to, amounts reported on the W2 form in boxes 12a through 12d, codes D, E, F, G, H and S.	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 – total of lines 28 + 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.	\$ _____
Foreign income exclusion from IRS Form 2555 – line 45; or 2555EZ – line 18.	\$ _____
Untaxed portions of pensions/IRA distributions from IRS Form 1040 – (line 15a minus 15b) plus (16a minus 16b) or 1040A – (line 11a minus 11b) plus (12a minus 12b), excluding rollovers. If negative, enter a zero here.	\$ _____
Credit for federal tax on special fuels from IRS Form 4136 – line 20 (non-farmers only).	\$ _____
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$ _____
Worker's Compensation	\$ _____
Veterans' noneducation benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$ _____
Any other money received, or paid on your behalf (not reported elsewhere on this form), or any other untaxed income or benefits, such as untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, Refugee Assistance, etc. <u>Do not include student aid</u> , educational WIA (formerly JTPA) benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans.	\$ _____
Money received, or paid on you behalf (e.g., bills), not reported elsewhere on this form	\$ _____

I (we) certify that the above dollar amounts are true, correct and complete.

Student Signature _____ Date _____

Spouse Signature (if applicable) _____ Date _____

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

V23 (01/17/07)