

**Untaxed Income Verification**

Office Use Only

Academic Year

2012-2013ARIZONA STATE
UNIVERSITYIf you need assistance with completing this form, please contact our office at 885-278-5080 or students.asu.edu/contact/financialaid.**STUDENT INFORMATION**

Last Name	First Name	Middle I.	10-Digit ASU ID	
Local Street Address	City	State	Zip Code	Daytime Phone Number

INSTRUCTIONS

1. You must complete **all** items on this form. **This form will not be processed if any items are left blank or illegible**; write "0" for items that do not apply.
2. Use blue or black ink only. Please type or print clearly.
3. Include parent's signature if it was required on the FAFSA.
4. Include spouse's information if you were married when you filed the FAFSA.
5. If clarification of your situation is necessary, additional information or documentation may be required.
6. **Return this form to:** Student Financial Assistance, P.O. Box 870412, Tempe, AZ 85287-0412 or fax to 480-965-9484.

SECTION A: UNTAXED INCOME INFORMATION

Income Type	Student & Spouse	Parent(s)
Payments to tax deferred pension and savings plan (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.	\$	\$
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. 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). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veteran's 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 above, 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, 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.	\$	\$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$	
Total	\$	\$

SECTION B: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed
Parent's Signature (required if your parent's signature was required on your FAFSA)	Date form was signed