



California State University
SAN MARCOS

Financial Aid and Scholarships Office Tel: 760.750.4850 Fax: 760.750.3047 www.csusm.edu/finaid

UNTAXED INCOME-DEPENDENT

2011-2012

Student Name: _____ Campus Email: _____

Student ID#: _____ Phone Number: _____

Please complete using black ink

The information reported on your 2011-2012 FAFSA requires additional clarification. Please complete the form below. Sign, and return to the CSUSM Financial Aid & Scholarships Office.

Did you or your parent(s) receive any sources of untaxed income in 2010?

- NO.** Check here if you and your parent(s) received NO sources of untaxed income.
 YES. If you and/or your parent(s) received sources of untaxed income, enter dollar amounts in the table below.

Student	2010 Calendar Year	Parent
\$	Payments to tax-deferred pensions 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.	\$
\$	Child support received for all children. Do not include foster or adoption payments.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances	\$
\$	Other untaxed income not reported elsewhere such as workers' compensation, disability, etc. Do not 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 form.	\$
\$	Student Total	Parent Total
		\$

Please sign and date below

Each person signing this form certifies that all information reported on it is complete and correct. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____