



Student's Information:

Student's Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Untaxed Income Verification:

Instructions: Please answer each question. ENTER ALL ZEROS IF NO FUNDS WERE RECEIVED. Do NOT leave any fields blank! Failure to complete this section will delay processing of your financial aid! Refer to "2021 Untaxed Income" on the Free Application for Federal Student Aid (FAFSA) for more information.

Student/Spouse Untaxed Income	Calendar Year 2021: January 1 – December 31, 2021	Parent/Step- Parent Untaxed Income
\$	Payments to tax-deferred pension and retirement savings plans (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. Don't include amounts reported in code DD (employer contributions towards employee health benefits).	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1 Line 28 + Line 32.	\$
\$	Child support received for any of your children. Don't include foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040 Line 2a.	\$
\$	Untaxed portions of IRA distributions and untaxed portions of pensions from IRS Form 1040 Line 4a minus 4b. 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.	\$
\$	Veterans noneducation 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. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 Line 25. Don't include extended 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 (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. This includes money that you received from a parent whose financial information is not reported on the FAFSA and that is not part of a legal child support agreement.	Leave Blank

Certification & Signatures:

I certify that this information is true and correct.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____
(Parent signature is only required if the student is dependent.)

This **completed & signed** document can be submitted via:

Mail: SAGU Financial Aid, 1200 Sycamore St, Waxahachie, TX 75165 **Fax:** (972)923-8143 **Email:** financialaid@sagu.edu