



UNIVERSITY OF MARYLAND

OFFICE OF STUDENT FINANCIAL AID

9SUNTAX

0102 Lee Building
College Park, Maryland 20742-5145
TEL: 301.314.9000 & 888.313.2404
TTY: 301.314.7017 (for the Deaf)
FAX: 301.405.9265/301.314.9587
www.financialaid.umd.edu
umfinaid@umd.edu

2009-2010 Student Untaxed Income Form

Student Name: _____ UID: _____

The Office of Student Financial Aid has completed an initial review of your Free Application for Federal Student Aid (FAFSA). Additional information is needed to clarify the amount of your (and your spouse's) untaxed income received in 2008. You (and your spouse) must answer all questions on this form, even if the answer is zero.

Please submit this form along with supporting documentation to the Office of Student Financial Aid.

1. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in boxes 12a through 12d, codes D, E, F, G, H, and S. \$ _____
2. 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. \$ _____
3. Child support *received* for all children. Don't include foster care or adoption payments. \$ _____
4. Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b. \$ _____
5. 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. \$ _____
6. 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. \$ _____
7. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). \$ _____
8. Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____
9. Other untaxed income not reported, such as workers' compensation, disability, etc. *Don't include* student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. \$ _____
10. Money *received*, or paid on your behalf (e.g., bills), not reported elsewhere on this form. \$ _____

I certify that the information listed above is correct and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____