



## UTAX

UNTAXED INCOME CONFIRMATION  
2024-2025Student's University ID:  or SIS ID: Student's Full Name: \_\_\_\_\_  
(LEGAL NAME - PRINT) first middle last

**Please read these instructions carefully.** This form is intended to confirm untaxed income received in **2022**. Answer all questions with either "yes" or "no." If you check "yes," please provide details in the spaces indicated. If we have reason to believe that the information regarding reported untaxed income is inaccurate, we may require additional explanation and/or documentation. **Dependent** students should use the first page of this form and **independent** students should use the second page. Please be sure to write legibly.

Sources of ANNUAL Untaxed Income for 2022 for <b>Dependent Students</b> "you" and "your" below refer to the student, and "your parent(s)" refer to the parent(s) whose information was reported on the FAFSA	Yes	No	Who received?	Total annual amount received in 2022
Did your <b>contributing</b> parent(s) receive <b>child support</b> ? Please report annual amount of child support received in 2022 for all children in the household.	<input type="checkbox"/>	<input type="checkbox"/>		
Did your <b>contributing</b> parent(s) receive <b>alimony</b> in 2022? Exclude if already reported on 2022 tax return and included in AGI.	<input type="checkbox"/>	<input type="checkbox"/>		
Did your <b>contributing</b> parent(s) receive <b>spousal support</b> in 2022? Exclude child support and alimony previously reported on this form or alimony included in AGI reported on 2022 tax return. Include support such as mortgage, rent, auto, utilities, insurance, education, etc. paid on behalf of your custodial parent(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Did your <b>contributing</b> parent(s) receive <b>any type of living allowance</b> ? Example: BAS for military (include copy of final LES)	<input type="checkbox"/>	<input type="checkbox"/>		
Did your <b>contributing</b> parent(s) receive a <b>housing allowance for military housing</b> ? Example: BAH for military (include copy of final LES)	<input type="checkbox"/>	<input type="checkbox"/>		
Did your <b>contributing</b> parent(s) receive a <b>housing allowance or free employer-provided housing</b> ? Example: Clergy, missionary, private high school, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
Did your <b>contributing</b> parent(s) receive any <b>veteran's non-education benefits</b> ? Example: Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	<input type="checkbox"/>	<input type="checkbox"/>		
Did your <b>contributing</b> parent(s) receive <b>workers compensation, private short- or long- term disability benefits/income</b> , as through an employer? Note: this is NOT the same as Social Security disability addressed below.	<input type="checkbox"/>	<input type="checkbox"/>		
Did any family member in the household <i>other than you (the student)</i> receive <b>Social Security benefits including Social Security retirement and/or SSDI</b> ? Submit copies of all SSA-1099s for each person in the household who received this type of income/benefit and list their name and relationship to you in the column to the right.	<input type="checkbox"/>	<input type="checkbox"/>	Parent(s): _____ Sibling(s): _____ Other(s): _____	_____
Did your <b>contributing</b> parent(s) make any <b>tax-free contributions to Health Savings Accounts</b> ? Found on line 12 of Schedule 1 of the 2022 IRS Form 1040.	<input type="checkbox"/>	<input type="checkbox"/>		

**DEPENDENT STUDENT AND PARENT CERTIFICATION STATEMENT:** I certify that all the information reported to qualify for federal and institutional financial aid is complete and correct to my knowledge. Further, I understand that if I purposely give false or misleading information, I may face legal consequences and my financial aid may be terminated. The student and one parent whose information was reported on the FAFSA must sign and date this form.

STUDENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_



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2024-2025Student's University ID: - or SIS ID: Student's Full Name: \_\_\_\_\_  
(LEGAL NAME - PRINT) first middle last

This form is intended to confirm untaxed income received in **2022**. Answer all questions with either "yes" or "no." If you check "yes," please provide details in the spaces indicated. If we have reason to believe that the information regarding reported untaxed income is inaccurate, we may require additional explanation and/or documentation. Please be sure to write legibly.

Sources of ANNUAL Untaxed Income for 2022 for <i>Independent Students</i> "you" and "your" below refers to the student	Yes	No	Who received?	Total annual amount received in 2022
Did you or your spouse <i>receive</i> <b>child support</b> ? Please report annual amount of child support received in 2022 for all children in the household.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive <b>alimony</b> in 2022? Exclude if already reported on 2022 tax return and included in AGI.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive <b>spousal support</b> in 2022? Exclude child support and alimony previously reported on this form <u>or</u> alimony included in AGI reported on 2022 tax return. <b>Include support such as mortgage, rent, auto, utilities, insurance, education, etc. paid on behalf of you or your spouse.</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive <b>any type of living allowance</b> ? Example: BAS for military (include copy of final LES)	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive a <b>housing allowance for military housing</b> ? Example: BAH for military (include copy of final LES)	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive a <b>housing allowance or free employer-provided housing</b> ? Example: Clergy, missionary, private high school, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive any <b>veteran's non-education benefits</b> ? Example: Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive <b>workers compensation, private short- or long- term disability benefits/income</b> , as through an employer? Note: this is NOT the same as Social Security disability addressed below.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or any other household member receive <b>Social Security benefits including Social Security retirement and/or SSDI</b> ? Submit copies of all SSA-1099s for each person in the household who received this type of income/benefit and list their name and relationship to you in the column to the right.	<input type="checkbox"/>	<input type="checkbox"/>	Student: _____ Spouse: _____ Other(s): _____	_____
Did you or your spouse make any <b>tax-free contributions to Health Savings Accounts</b> ? Found on line 12 of Schedule 1 of the 2022 IRS Form 1040.	<input type="checkbox"/>	<input type="checkbox"/>		

**INDEPENDENT STUDENT CERTIFICATION STATEMENT:** I certify that all the information reported to qualify for federal and institutional financial aid is complete and correct to my knowledge. Further, I understand that if I purposely give false or misleading information, I may face legal consequences and my financial aid may be terminated. The student and one parent whose information was reported on the FAFSA must sign and date this form.

STUDENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_