



## Verification of Other Untaxed Income - Parent

*Please use black or blue ink while filling out this form.*

Student Name

LMU ID

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Tax Year

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA, answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

**IRS W-2 forms:** Provide copies of all IRS W-2 forms for the tax year issued by the employers to the dependent student and the student's parents or to the independent student and spouse, if the student is married.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in the tax year, multiply that amount by the number of months in the tax year that you paid or received it. If you did not pay or receive the same amount each month in the tax year, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with the student's name and ID number at the top.

### A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Annual Amount Paid During Tax Year
	\$
	\$
	\$
Total Payments to tax-deferred pension and retirement savings	\$

### B. Child support received

List the actual amount of any child support received in the tax year for the children in your household.

**Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Annual Amount of Child Support Received During Tax Year
		\$
		\$
		\$
		\$
Total Amount of Benefits Received		\$

### C. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received.

**Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received During Tax Year
		\$
		\$
		\$
Total Amount of Benefits Received		\$

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**Tax Year**

**D. Veterans non-education benefits**

List the total amount of veterans non-education benefits received during tax year. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

**Do not include** federal veterans educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits

Name of Recipient	Type of Veterans Non-education Benefit Received	Annual Amount of Benefits Received During Tax Year
		\$
		\$
		\$
Total Amount of Benefits Received		\$

**E. Other untaxed income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received During Tax Year
		\$
		\$
		\$
Total Amount of Other Untaxed Income		\$

**F. Money received or paid on the student's behalf**

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received during the tax year. Include support from a parent whose information was not reported on the student's FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Annual Amount Received During Tax Year	Source
		\$
		\$
		\$
Total Amount Received		\$

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**Tax Year**

**Additional information:**

Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received During Tax Year
		\$
		\$
		\$
Total Amount of Financial Support Received		\$

**Comments:****E. Certifications and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student Name

Student Signature

Date

Print Parent Name

Parent Signature

Date

**Federal law does not allow us to use a digital signature on this form. Please print out the form, sign it by hand, and return it to our office through secure upload, by fax, or by mail. All forms must be legible in order to be accepted.**

Print Form

**How to Submit this Form:**

**Mail:**    **LMU Financial Aid**  
             **1 LMU Drive, Suite 270**  
             **Los Angeles, CA 90045**

**Phone:** 310.338.2753  
**Fax:**    310.338.2793

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For Office Use Only:  
 RRAAREQ - UNTXP at R  
 Etrieve - Untaxed Income Form

FAO Staff Initial \_\_\_\_\_  
 Date: \_\_\_\_\_