

Delaware State University Office of Financial Aid
2009 – 2010 Untaxed Income and Income Exclusion Worksheet

Student Name: _____ **ID#: D10** _____

All information reported is for 2008. **DO NOT LEAVE ANY QUESTION BLANK.** If a question is not applicable, check "NO". If "YES", please report amount received **for the year**.

2008 INCOME EXCLUSIONS (FAFSA #46 / #94)

Child support **paid by you** due to divorce, separation or as a result of a legal requirement

Student (Dep. and Indep.)

Parent of Dependent Student

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

Taxable earnings from need-based employment programs such as Federal Work Study (exclude College and State Work Study)

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

Student grants and scholarships reported to the IRS in your Adjusted Gross Income (AmeriCorps, fellowships, etc.)

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

Taxable combat pay or special combat pay reported to the IRS in your Adjusted Gross Income (exclude untaxed pay reported on the W2 Box 12, Code Q)

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

2008 UNTAXED INCOME (FAFSA #47 / #95)

Student (Dep. and Indep.)

Parent of Dependent Student

Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings) including but not limited to amounts on W2 form Box 12a – 12 d codes D, E, F, G, H and S.

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

Child support **received by you** for all children. Don't include foster care or adoption payments.

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of payments.)

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

Veterans non-education benefits such as Disability, Death Pension or DIC and/or VA Educational Work Study

No___ Yes___
if yes, amount \$ _____

No___ Yes___
if yes, amount \$ _____

Other untaxed income, such as worker's compensation, disability benefits, etc. (**DO NOT INCLUDE** student aid, earned income credit, child tax credits, welfare payments, untaxed Social Security benefits, Workforce Investment Act benefits, combat pay, flexible spending accounts, foreign income exclusion or credit for tax in special fuels.)

No___ Yes___
if yes, amount \$ _____
List sources

No___ Yes___
if yes, amount \$ _____
List sources

Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form

No___ Yes___
if yes, amount \$ _____
List sources

No___ Yes___
if yes, amount \$ _____
List sources

Did anyone in the household receive Welfare or Untaxed Social Security benefits in 2008? No___ Yes___
If so, list the recipient, benefit type and amount received in 2008:

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. I (we) understand that purposefully giving false information on this worksheet can result in a fine, jail sentence or both.

Student signature

Date

Parent signature

Date

