

Student Information

LAST NAME	FIRST NAME	MI	SIS STUDENT ID						DATE OF BIRTH

Instructions:

You are required to submit this two page form and any supporting documents to DataBank for processing. Documents can be submitted by U.S. mail or by fax.

List the student's SIS/PeopleSoft student ID on each page submitted.

If you have any questions, please feel free to contact us at financialaid@case.edu or call 216-368-4530 or 800-945-4530.

Please complete and return this form (and supporting documentation) to:

Case Western Reserve University
Office of University Financial Aid
c/o DataBank
P.O. Box 614
Chesterton, IN 46304
FAX: 866-645-4210

For Office Use Only:

Aid Year: 2019

Document Name: FA 2016 Untaxed Income Worksheet

UNTAXED INCOME WORKSHEET: 2016

Student/Spouse	2016 CALENDAR YEAR UNTAXED INCOME	Parent(s)
\$	Payments to tax-deferred payments and savings plans (paid directly or withheld from earnings) included, but not limited to, amounts reported on the W-2 Form in boxes 12a through 12d, codes D,E,F,G,H and S. Do not include amounts reported in code DD.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 - total of lines 29+32 or 1040A - line 17	\$
\$	Child support received for all children. Don't include foster care or adoption payments	\$
\$	Tax exempt interest income from IRS Form 1040 or 1040A - line 8b	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040 - lines 15a minus 15b or 1040A - lines 11a minus 11b. Exclude rollovers. If negative, enter zero.	\$
\$	Untaxed portions of pensions from IRS Form 1040 - lines 16a minus 16b or 1040A - lines 12a minus 12b. Exclude rollovers. If negative, enter zero.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$
\$	Veterans' noneducational benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. Do not include Federal Veterans educational benefits such as Montgomery GI Bill, Dependents Educational Assistance Program, VEAP Benefits or Post-9/11 GI Bill.	\$
\$	Any other untaxed income not reported such as worker's compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 - line 25, Railroad Retirement Benefits, Black Lung Benefits, etc.	\$
\$	Money received , or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$
\$	Income earned from work (attach W-2 form or 1099 form) if not reported on a federal income tax return.	\$

So that we may fully understand your or your parent's finances, please include information about other sources of untaxed income not reported on the FAFSA such as untaxed Social Security Benefits, Supplemental Social Security Income, earned income credit, SNAP, TANF, student aid, Federal Veterans Educational Benefits, foreign income exclusion or credit for federal tax on special fuels:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source</th> <th style="text-align: right;">2016 Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> </tbody> </table>	Source	2016 Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
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I certify that all of the information provided on this form and on the Free Application for Federal Student Aid (FAFSA) is true and complete to the best of my knowledge. I understand that if I purposefully give false or misleading information on this form, or on the FAFSA, I may be subject to a \$20,000 fine, a prison sentence, or both.

Student's Signature

Date

Parent's Signature

Date