



Office Use Only

Office of Financial Aid
2016-2017 UNTAXED INCOME WORKSHEET

The information requested on this form is needed to process your application for financial aid for the 2016-2017 school year. Complete this form and return it to the Office of Financial Aid so your application can be processed. If you have been notified that you must complete this form and fail to do so, you may jeopardize your eligibility for financial aid. Please print.

Incomplete forms cannot be accepted.

		XXX-XX
Student's Last Name	First Name	SSN: (last four digits)
Date of Birth		Phone Number (include area code)

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. If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, 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. **Do not** report amounts in code DD (employer contributions toward employee health benefits).

Name of Person Who Made the Payment	Total Amount Paid in 2015

This form contains personally identifiable information.
Office of Financial Aid · 4701 North Charles Street, Baltimore, MD 21210
410.532.5369 (Voice) · 410.532.6287(fax) · finaid@ndm.edu

B. Child support received

List the actual amount of any child support received in 2015 for the children in your household. **Do not** include foster care payments, adoption payments, or amounts court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015

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	Amount of Benefit Received in 2015

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. 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: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill .

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

E. Other untaxed income

List the amount of other untaxed income not reported elsewhere on this form. Include untaxed income such as workers' compensation, disability, and untaxed portions of health savings accounts from IRS Form 1040 Line 25. **Do not** include extended foster care benefits, 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, on-base military housing or a military housing allowance, 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	Amount of Other Untaxed Income Received in 2015

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 in 2015. Include support from a parent whose information was not reported on the student's 2016–2017 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 2016–2017 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	Amount Received in 2015	Source

G. Certification and Signatures:

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

Student Signature

Date

Parent (or Spouse) Signature

Date