ILLINOIS

2018-2019
Student Untaxed Income Form

Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name:_____
Last *First* *MI*

UIN:_____
(Number on I-Card or Admissions Letter)

This letter is in regards to answers reported by you and/or your spouse (if married) on Question 45a-j on your 2018-2019 Free Application for Federal Student Aid (FAFSA). Please refer to Question 45a-j on your FAFSA to complete this form listing income and other benefits received by you and/or your spouse during 2016 that are not subject to income taxes. Please either fax it to (217) 265-5516 or mail it to the address listed above.

Type of Income/Benefits received	**2016 Total**
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H and S. Don't include amounts reported in code DD. **Please attach all copies of your and/or your spouse's 2016 W-2 forms and/or 2016 1099 forms.**	$_____/year
Child support **RECEIVED** for **ALL** of your/your spouse's children. **Don't include** foster care or adoption payments.	$_____/year
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Don't include** the value of on-base military housing or the value of a basic military allowance for housing.	$_____/year
Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	$_____/year
Other untaxed income, such as workers' compensation, disability benefits, etc. Include the untaxed portions of health savings accounts from IRS Form 1040-line 25. **Don't include** extended foster care benefits, student financial aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act 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.	$_____/year
Money received, or money paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is **NOT** reported on this form and that is not parent of a legal child support agreement.	$_____/year

I certify that ALL of the information on this form is complete and correct.

_____
Print Name

_____
Student Signature *Date*

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

Documents may be faxed to 217-265-5516 or mailed to the address at the top of this letter. You will be able to view receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check the status of submitted documents go to www.osfa.illinois.edu and click on "Check Your Status." If you have any questions, please contact a member of our counseling staff at 217-333-0100.