

**2020-2021**  
**Student Untaxed Income Form**

 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 44a-i on your 2020-2021 Free Application for Federal Student Aid (FAFSA). Please refer to Question 44a-i on your FAFSA to complete this form listing income and other benefits received by you and/or your spouse during 2018 that are not subject to income taxes and submit it to our office.

**Type of Income/Benefits received**
**2018 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 2018 W-2 forms and/or 2018 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 Schedule 1-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.*

\_\_\_\_\_  
 Student Signature Date

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

Completed documents should be uploaded directly to UI-Integrate Self-Service. For instructions on how to access and upload documents please visit <https://osfa.illinois.edu/DocumentUpload>. Be sure to include your name and UIN on all documents uploaded. After you have uploaded your documents, you may confirm receipt within 3 business days at <https://osfa.illinois.edu/process/checking-your-status>. If you have any questions, please visit our website [www.osfa.illinois.edu](http://www.osfa.illinois.edu), contact a member of our counseling staff at (217) 333-0100 or email [finaid@illinois.edu](mailto:finaid@illinois.edu). **Please do not email documents to this email address.**