



Northwestern State University
 212 Student Services Center
 Natchitoches, Louisiana 71497

Office of Student Financial Aid
 Telephone (318) 357-5961
 Fax (318) 357-5488
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2019-2020 Untaxed Income Worksheet

Please complete and return this form to verify any untaxed income that was received in **2017**. Your financial aid **will not** be processed until this form has been completed, returned, and verified.

STUDENT'S NAME: _____ NSU Student ID# _____

Please list the annual amount and do not leave any line blank. Please indicate \$0 if there is no income or does not apply.

Student/Spouse 2017 Annual Amount	Untaxed Income	Parent(s) 2017 Annual Amount
\$ _____	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 Form in Box 12 A through 12D codes D, E, F, G, H, and S.	\$ _____
\$ _____	Child support you received for all children. Do not include foster care or adoption payments. Please note that if Northwestern believes that the information regarding child support received is not accurate, we may require additional documentation Such as: print out from Child Support Enforcement office, statement from person paying child support, copies of cancelled checks from year requested.	\$ _____
\$ _____	Housing, food and other living allowances paid to members of the military, Clergy, and others (including cash payments and cash value benefits). Don't include the value of on-base military housing or the value of basic military allowance for housing.	\$ _____
\$ _____	Veterans' non-education benefits, such as Disability, Death pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____
\$ _____	Other untaxed income not reported, such as workers' compensation, disability, and etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-Line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment 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.	\$ _____
\$ _____	Other untaxed income not reported and excluded elsewhere on this form.	\$ _____
\$ _____	Money received and/or any money paid on your behalf (e.g., payment of bill) not reported elsewhere on this form.	\$ _____

CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date and at least one parent must also sign and date. **Warning:** If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Student's Signature _____ *Date* _____
Parent's Signature _____ *Date* _____
 (Required for Dependents Students)