

Student's Name \_\_\_\_\_

Student's ID # \_\_\_\_\_

**2021 PARENTAL UNTAXED INCOME WORKSHEET**

**Do not leave blanks. If an item does not apply, enter \$0.**

\$\_\_\_\_\_ 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. **Do not include** amounts reported in code DD (employer contributions toward employee health benefits). **If amount is reported, submit copies of all parental W-2 Forms.**

\$\_\_\_\_\_ IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 **Schedule 1 - total of lines 16 and 20.**

\$\_\_\_\_\_ Child support received. **Do not include** foster care or adoption payments. **If different than amount received in 2020, submit documentation, such as a copy of court order, to document change.**

\$\_\_\_\_\_ Tax exempt interest income from IRS Form 1040—line 2a.

\$\_\_\_\_\_ Untaxed portions of IRA distributions from IRS Form 1040—lines 4a minus 4b. **Exclude rollovers.** If negative, enter a zero here.

\$\_\_\_\_\_ Untaxed portions of pension and annuities from IRS Form 1040—lines 5a minus 5b. **Exclude rollovers.** If negative, enter a zero here.

\$\_\_\_\_\_ Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Do not include** the value of on-base military housing or the value of a basic military allowance for housing. **Submit appropriate documentation to verify amount reported.**

\$\_\_\_\_\_ Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. **Submit documentation to verify amount.**

\$\_\_\_\_\_ Other untaxed income not reported above, such as workers' compensation, disability benefits, untaxed foreign income not earned from work, etc. Also include the untaxed portions of health savings accounts from **IRS Form 1040 Schedule 1, line 13.** **Do not include** extended foster care benefits, student aid, earned income credit, additional child tax credit, TANF-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. **Submit documentation to verify amount reported.**

**Student Signature/Date** \_\_\_\_\_

**Parent Signature/Date** \_\_\_\_\_

**Return to One-Stop Student Services Center, Levermore Hall, Lower Level, Room 8**  
516.877.3080/f 516.877.3380, Email: OneStop@adelphi.edu