Student's Name _____ GCC ID# _____

2014-2015 STUDENT'S UNTAXED INCOME WORKSHEET

Calendar Year 2013

We need additional information regarding Untaxed Income received by you and your spouse, if married. Please read each question and complete the worksheet with information from the year 2013. If the answer to a question is "0", write in the "0". **DO NOT LEAVE ANY QUESTION BLANK.**

a. Payments to tax-deferred pension and 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 (employer contributions toward employee health benefits). $ _____

b. IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 - line 28 + line 32 or 1040A - line 17. $ _____

c. Child support **received** for any of your children. **Don't include** foster care or adoption payments. (A copy of all pages of the divorce agreement must be attached). $ _____

d. Tax exempt interest income from IRS Form 1040 - line 8b or 1040A - line 8b. $ _____

e. Untaxed portions of IRA distributions from IRS Form 1040 - lines (15a minus 15b) or 1040A - lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here. $ _____

f. Untaxed portions of pensions from IRS Form 1040 - lines (16a minus 16b) or 1040A - lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here. $ _____

g. 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. $ _____

h. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. $ _____

i. Other untaxed income not reported, such as workers' compensation, disability, 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. $ _____

j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. Enter the total amount of cash support you received in 2013. For example, if someone is paying rent, utility bills, etc., for you or gives you cash, gift cards, etc., include the amount of that person's contributions. Include support from a parent whose information is **not** reported on your FAFSA and that is not part of a legal child support agreement. $ _____

TOTAL $ _____

Student's Name _____ GCC ID# _____

Additional Information:

So that we can fully understand your financial situation, please provide below information about any other resources, benefits, and other amounts received by you or any member of your household. This may include items that were not required to be reported on the FAFSA or CA Dream Application (if AB540) or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2013

Comments:

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CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

Student's Signature _____ Date _____