

2020-2021 UNTAXED INCOME RECEIVED IN 2018 – STUDENT

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 FAX: (805) 756-7243 EMAIL: financialaid@calpoly.edu (Sensitive data should be encrypted.)	Student Last Name:
	Student First Name:
	Phone #: EMPL ID#:

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for your complete file to be reviewed. If awarded FWS or SEOG, documents must be submitted no later than June 30, 2020 to avoid potential cancelation of those funds. In all circumstances, documents must be submitted prior to the last day of a student’s enrollment at Cal Poly.

For Office Use Only

Initials _____

The Department of Education has selected your FAFSA for a review process called Verification. We are required to confirm the following information:

Enter the TOTAL 2018 combined amounts for you and your spouse. Answer every item. Report annual, NOT monthly, amounts. Enter \$0 if there is nothing to report.

Untaxed Income: Student and Spouse 2018 Annual Totals	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. Do not include amounts reported in code DD (employer contributions towards employee health benefits).	\$
Child Support RECEIVED for any of your children. <i>Do not include foster care or adoption payments.</i>	\$
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.	\$
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 above, such as workers’ compensation, disability, benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – Schedule 1. Do not include extended foster care benefits, student 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.	\$
Additional Financial Information: Student and Spouse 2018 Annual Totals	2018 Total
Child Support Paid because of divorce or separation or as a result of a legal requirement. Don’t include support for children reported in the household.	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
Taxable college grant and scholarship aid reported to the IRS as income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don’t include untaxed combat pay.	\$
Earnings from work under a cooperative education program offered by a college.	\$
Money received, or 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 part of a legal child support agreement. Also include distributions you received from a 529 plan that is owned by someone other than you or your parents.	\$

SIGN and DATE: I certify that all information on this form and any attachment is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature (Required. No electronic signature.)

Date