



# Untaxed Income Statement

## Parent

2016-2017

**COMPLETE ALL SECTIONS: Please complete the form in ink and print legibly**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ E \_\_\_\_\_ Student ID Number \_\_\_\_\_

On the FAFSA, question 94 (a through i) for parent's 2015 untaxed income was either left blank or not all questions were answered. Concordia is required by federal regulations to confirm this information in order to complete your financial aid file.

**Please answer ALL with a dollar amount or \$0. Enter the combined amounts for your parent(s):**

<b>a</b>	Payments to tax-deferred 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. <b>Don't include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$
<b>b</b>	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	\$
<b>c</b>	Child support received for any of your parent's children. <b>Don't include</b> foster care or adoption payments.	\$
<b>d</b>	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	\$
<b>e</b>	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.	\$
<b>f</b>	Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter zero here.	\$
<b>g</b>	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$
<b>h</b>	Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
<b>i</b>	Other untaxed income not reported in items a through h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. <b>Don't include</b> 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.	\$

By signing this form, I certify the information on this form is complete to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return Form to:**

Concordia University, Financial Aid Office  
1530 Concordia West, Irvine, CA 92612  
FAX: 949.214.3500; Email: [finaid@cui.edu](mailto:finaid@cui.edu); Phone: 949.214.3066