



Other Untaxed Income for 2018

The PSU Financial Aid Team requires additional information regarding the “Other Untaxed Income” received by your household. The law allows for institutions, if necessary, to require additional information prior to awarding Federal Student Aid. **PSU requires all students/families to submit requested documentation at least four weeks prior to the end of the term for which aid is requested.** If you have questions about this process, contact PSU as soon as possible so that your financial aid will not be delayed. More information can be found on our website at go.plymouth.edu/aid

STUDENT NAME: _____ DATE: _____

- If any item does not apply, enter “N/A” for Not Applicable or “0” in an area where an amount is requested.
- If more space is needed, please provide a separate page with the student’s name and ID number at the top.

A. 2018 Payments to tax-deferred pension and retirement savings

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).

Name of Person Who Made the Payment	Total Amount Paid in 2018	
	Parent(s)	Student (& Spouse, if applicable)
	\$	\$
	\$	\$
	\$	\$

B. Child support received

List the actual amount of any child support received in 2018 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received Support	Name of Person Who Paid Support	Name of Child For Whom Support Was Received	Age of Child	Annual Amount of Child Support Received in 2018
				\$
				\$
				\$

C. Housing, food, and other living allowances paid to members of the military, clergy, and others.

Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2018
		\$
		\$
		\$

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2018. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Name of Recipient	Type of Non-education Benefit	Amount of Benefit Received in 2018
		\$
		\$
		\$

Student Name: _____

E. Other untaxed income

Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. **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.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2018
		\$
		\$
		\$

F. Money received or paid on the student's behalf

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2018. Include support from a parent whose information was not reported on the student's 2020-2021 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, uncles, etc.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2018	Source
	\$	
	\$	
	\$	

G. Additional information (not reported and not excluded elsewhere on this form):

Provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household not reported and not excluded elsewhere on this form. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2018
		\$
		\$
		\$

<p>SIGN THIS SUPPLEMENT By signing this supplement, I certify that all of the information reported on this form is complete and correct.</p>	<p>WARNING: If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.</p>
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Student Signature *(Electronic signatures will not be accepted.)* _____
Date

Parent Signature *(Electronic signatures will not be accepted.)* _____
Date