



**Office of Financial Aid**

275 Mount Carmel Avenue  
 Hamden, CT 06518-1908  
 Telephone: 203-582-3405  
 Fax: 203-582-4062

E-mail: [lawfinaid@qu.edu](mailto:lawfinaid@qu.edu)

[www.quinnipiac.edu/law/financialaid](http://www.quinnipiac.edu/law/financialaid)

Office Location: North Haven Campus SLE-113

**Untaxed Income Worksheet 2019-2020**

Report Annual Amounts. (Enter combined amounts for you and your spouse.)

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 M.I.

\_\_\_\_\_  
 Student's Identification (ID) Number

The School of Law Office of Financial Aid is in the process of reviewing your 2019-2020 application for financial aid. Additional information is required in order for us to complete our review. When completing the information, **if any item does not apply**, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested. Please answer each question below as it applies to you (and your spouse, if married) whose information is on the FAFSA.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2017, multiply that amount by the number of months in 2017 you paid or received it. If you did not pay or receive the same amount each month in 2017, add together the amounts you paid or received each month. If more space is needed, provide a separate page with your name and student ID number at the top.

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

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2017

**B. Child support received**

List the actual amount of any child support received in 2017 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 the Support	Name of Child For Whom Support Was Received	Age of Child For Whom Support Was Received	Amount of Child Support Received in 2017

**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 2017

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Student's Identification (ID) Number

**D. Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2017. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2017

**E. Other untaxed income**

List the amount of other untaxed income not reported elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, 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 2017

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

List any money received or paid on your behalf (e.g., payment of your bills) and not reported elsewhere on this form. Enter the total amount of cash support you received in 2016. Include support from a parent whose information was not reported on the student's 2018–2019 FAFSA. 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 **unless the person is the student's spouse whose information is reported on the student's 2018–2019 FAFSA**. Amounts paid on your behalf also include any distributions to the student from a 529 plan owned by someone other than the student such as parents, grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2017	Source

**Certification and Signature**

Each person signing below certifies that all of the information reported on this worksheet is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date

**Please return this signed and dated worksheet to the School of Law Office of Financial Aid by fax, e-mail, mail, or in person.**

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