

2009-2010

STUDENT'S 2008 UNTAXED INCOME

(Enter the combined amounts for you and your spouse)
Failure to complete this form will delay the processing of your aid.

PLEASE PRINT OR TYPE IN BLACK INK! PLEASE MAIL FORM TO EASTERN ILLINOIS UNIVERSITY, OFFICE OF FINANCIAL AID, 600 LINCOLN AVE, CHARLESTON IL 61920-3099. OR FAX TO 217-581-6422.

EIU ID#

Student Soc. Sec. #

Student Last Name

Student First Name

Because verification of your other untaxed income and benefits is required, please complete the section below.

**COMPLETE WITH THE AMOUNTS RECEIVED IN CALENDAR YEAR 2008
(LEAVE NOTHING BLANK-If a question does not apply, put zero or DNA.)**

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 Form in Box 12a through 12d, codes D, E, F, G, H, and S.

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

Child support **received** for all children. Don't include foster care or adoption payments. _____

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

Untaxed portions of pensions from IRS Form 1040-lines (15a minus 15b) plus (16a minus 16b); or _____
1040A-lines (11a minus 11b) + (12a minus 12b) excluding rollovers. If negative, enter a zero.

Housing, food and other living allowances paid to members of the military, clergy, and others (including _____
cash payments and cash value of benefits).

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

Any other untaxed income or benefits not reported, such as workers' compensation, disability, etc. _____
Do not include student aid, earned income credit, child tax credit, welfare payments, untaxed
Social Security benefits, Workforce Investment Act educational benefits, combat pay, benefits from
flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax
on special fuels.

Money **received** or **paid** on your behalf (e.g., bills), not reported elsewhere on this form. _____

REQUIRED SIGNATURES

By signing this worksheet, I (we) certify that all the information
reported to qualify for Federal student aid is complete and correct.

If married, spouse signature is required.

**WARNING: If you purposely give false
or misleading information on this
worksheet, you may be fined, be
sentenced to jail, or both.**

Student's Signature **Date**

Spouse's Signature **Date**

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