2223 XUIP23

E

Student ID (E Number) Last Name First Name

2022-2023 PARENT'S 2020 UNTAXED INCOME

ENTER THE COMBINED AMOUNTS FOR YOUR PARENT AND THEIR SPOUSE

AN INCOMPLETE FORM WILL DELAY PROCESSING

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

COMPLETE WITH THE AMOUNTS RECEIVED IN CALENDAR YEAR 2020

LEAVE NOTHING BLANK - If a question does not apply, enter 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. *Do not include amounts reported in Code DD (employer contributions toward employee health benefits).* ..... $ _____

Child support received for any of your children.
Do not include foster care or adoption payments. ..... $ _____

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. ..... $ _____

Enter the total amount of any other untaxed income or benefits, such as workers compensation, Black Lung Benefits, untaxed portions that you (and, if married, your spouse) received in 2020. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1-line 25. *Do not include extended foster care benefits, student aid, earned income credit, 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.* ..... $ _____

By signing this worksheet, I / we certify that all the information reported to qualify for Federal student aid is complete and correct. **IF TWO PARENT HOUSEHOLD, BOTH PARENTS MUST SIGN.**

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

_____ _____

PARENT SIGNATURE DATE

_____ _____

PARENT SPOUSE SIGNATURE *(IF MARRIED)* DATE

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

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