Saint Francis Medical Center College of Nursing

Student Finance Office 511 NE Greenleaf Street Peoria, IL 61603

*Worksheets for Calendar Year 2020*

**2020 Untaxed Income**

 Student/Spouse Report Annual Amounts Parent

 (If Dependent)

 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 Boxes 12a through 12d,

$\_\_\_\_\_\_\_\_\_\_ codes D, E, F, G H and S. **Don’t include** amounts reported in code DD (employer contributions $ toward employee health benefits).

 IRA deductions and payments to self-employed SEP, SIMPLE and Keogh and other qualified

$\_\_\_\_\_\_\_\_\_\_ plans from IRS Form 1040 Schedule 1—total of lines 15 + line 19 $ \_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_ Child support received for any of your children. **Don’t include** foster care or adoption payments. $ \_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_ Tax exempt interest income from IRS Form 1040—line 2a $ \_\_\_\_\_\_\_\_\_

 Untaxed portions of IRA distributions and pensions from IRS Form 1040—(line 4a + 4c) minus (lines 4b + 4d)

$\_\_\_\_\_\_\_\_\_\_ Exclude rollovers. If negative, enter a zero here. $ \_\_\_\_\_\_\_\_\_

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

$\_\_\_\_\_\_\_\_\_\_ (including cash payments and cash value of benefits). **Don’t 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. $ \_\_\_\_\_\_\_\_\_

Other untaxed income not reported in items 44a through 44g (or 92a through 92g for your parent)

such as workers’ compensation, disability, etc. Also include the untaxed portions of health

savings accounts from IRS Form 1040 Schedule 1– Line 25. **Don’t 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. $ \_\_\_\_\_\_\_\_\_\_

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

 money that you received from a parent whose financial information is not reported on this form and

$\_\_\_\_\_\_\_\_\_\_ that is not part of a legal child support agreement. $\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_ **TOTAL TOTAL** $ \_\_\_\_\_\_\_\_\_

 Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

 Parent’s/Stepparent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_