

Saint Francis Medical Center College of Nursing
Student Finance Office 511 NE Greenleaf Street Peoria, IL 61603

Worksheets for Calendar Year 2019

2019 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 _____