Cleveland State

Financial Aid Office

2121 Euclid Avenue, Cleveland, OH 44115

Phone: (216) 687-5411 Fax: (216) 687-9247 For in-person inquiries, please visit Campus411 All-in-1, MC 116 http://www.csuohio.edu/financial-aid/financial-aid

2015-2016 Untaxed Income Worksheet

	Last Name	First Name	CSU ID Number
		()	()
	Email Address	Phone Number (home	Phone Number (cell)
	item does not apply, enter "N/A" for is requested. Do not leave any sections o		esponse is requested, or enter "0" in an area when
	tudent was required to provide parental in student's parent(s) whose information is		answer each question below as it applies to the stu
	tudent was not required to provide parent and the student's spouse, if married) whose		SA, answer each question below as it applies to the SSA.
	submit copies of all 2014 W-2 form(s) -2 form(s) should be submitted to Clevelan		nose information is required to be included on this f with this form.
ply tha		014 you paid or received i	ved the same dollar amount every month in 2014, not. If you did not pay or receive the same amount
If more	space is needed, provide a separate page	with the student's name an	ad ID number at the top.
L:		from earnings) to tax-de	eferred pension and retirement savings plans (ereported on W-2 forms in Boxes 12a through
	Name of Person Who Made the	Payment	Total Amount Paid in 2014
	nild support received st the actual amount of any child supp	port received in 2014 for	the children in your household.
	Do not include foster care payments, a actually paid.	adoption payments, or ar	ny amount that was court-ordered but not
Mar	ne of Adult Who Received the No	me of Child For Whom	Support Amount of Child Support Receive

Support	Support Was Received Was Received	

Student's Name:			CSU ID#:				
		lowances paid to members of the military, clergy, and others ash value of benefits received.					
Do not include th	Do not include the value of on-base military housing or the value of a basic military allowance for housing.						
Name of R	ecipient	Type of Benefit Received	Amount Received in 2014				
	unt of veterans non-	education benefits received in 2014. Incation (DIC), and/or VA Educational Wo					
	ederal veterans educ m, VEAP Benefits,	ational benefits such as: Montgomery G Post-9/11 GI Bill	I Bill, Dependents Education				
Name of R	ecipient	Type of Veterans Non-education Benefit	Amount Received in 2014				
income such as we	f other untaxed incoorkers' compensation	ome not reported and not excluded elsevon, disability, Black Lung Benefits, unta 5, Railroad Retirement Benefits, etc.					
Earned Income Consocial Security be benefits, combat p	redit, Additional Cl enefits, Supplementa	or excluded in A – D on this form. In nild Tax Credit, Temporary Assistance of Security Income (SSI), Workforce Invexible spending arrangements (e.g., cafe special fuels.	to Needy Families (TANF), untaxe restment Act (WIA) educational				
Name of R	ecipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2014				

List any elsewher a parent or gives parent behalf a	Money received or paid on the student's behalf List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2014. Include support from a parent whose information was not reported on the student's 2015-2016 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student's parent whose information is reported on the student's 2015-2016 FAFSA. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student of the student's parents, such as grandparents, aunts, and uncles of the student.								
Purpo	se: e.g., Cash, Rent, Books	Amount Received in 2014		Source					
office, and in	clude such things as federal vete	I to be reported on the FAFSA or or trans education benefits, military hage with student's name and CSUI Type of Support	D at the top.	P, TANF, etc.					
By signing t	his worksheet, I certify that all 2	014 untaxed income and benefits	are accuratel	y reported in this statement.					
Student's Si	gnature		Date						
Parent's Sig	nature (if required on the FAFSA)		Date						

Student's Name:

CSU ID#: