

Amounts Reported on FAFSA Worksheet A, B, C

2008-09

Return to: Office of Financial Aid & Scholarships
 California State University, Bakersfield
 9001 Stockdale Highway 48 SA
 Bakersfield, CA 93311-1022
 Telephone: (661)654-3016 FAX: (661)654-6800
 Web: <http://www.csub.edu/finaid> E-Mail: finaid@csub.edu



Financial Aid Applicant Information:

Student Name: _____ CSUB Id: _____
(Please Print)

Signature: _____ Date: _____

You reported an amount for one or more questions on the 2008-09 FAFSA (40-42, 84-86). Using the amount(s) that you entered on **Worksheet A, B, or C**, please enter the amount(s) into the matching section(s) below and complete the corresponding Agency Certification (if required) and the back of this form. Report the total amount(s) received for 2007 (1/1/07 – 12/31/07). Report benefits paid directly to the student and/or spouse in the Student/Spouse column. Report benefits paid to the student's parents in the Parent Column.

WORKSHEET A	Student/Spouse Amount	Parent(s) Amount
Earned Income Credit from IRS Form 1040 – line 66a; 1040A – line 40a; or 1040EZ – line 8a.	\$	\$
Additional Child Tax Credit from IRS Form 1040 – line 68 or 1040A – line 41.	\$	\$
Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps or subsidized housing. (Agency Certification Required; see page 2.)	\$	\$
Social Security benefits received, for all household members as reported in question 90 (or 66 for your parents), that were not taxed (such as SSI). (Agency Certification Required; see page 2.)	\$	\$

WORKSHEET B	Student/Spouse Amount	Parent(s) Amount
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 boxes 12a through 12d, codes D, E, F, G, H and S.	\$	\$
IRA deductions and payments to self-employment SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	\$	\$
Child support you 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.	\$	\$
Foreign income exclusion from IRS Form 2555 – line 45 or 2555EZ – line 18.	\$	\$
Untaxed portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$	\$
Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$	\$
Credit for federal tax on special fuels from IRS Form 4136 – line 20 (non-farmers only).	\$	\$
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. (Agency Certification Required; see page 2.)	\$	\$
Other untaxed income not reported elsewhere on Worksheets A and B, such as workers' compensation, untaxed portions or railroad retirement benefits, Black Lung Benefits, disability, etc. Tax filers only: report combat pay not included in AGI (FAFSA questions 35 and 79). Don't include student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements, e.g. cafeteria plans.	\$	\$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$	\$

WORKSHEET C	Student/Spouse Amount	Parent(s) Amount
Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 – line 50 or 1040A – line 31.	\$	\$
Child support you paid because of divorce or separation or as the result of a legal requirement. Don't include support for children in your (or your parents') household, as reported in question 90 (or question 66 for your parents). (Agency Certification Required; see page 2.)	\$	\$
Taxable earnings from need-based employment programs, such as Federal College Work Study and need-based employment portions of fellowships and assistantships.	\$	\$
Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$	\$

Complete before submitting to agency: I authorize the appropriate office/agency to provide the information requested by California State University, Bakersfield.

Case name under which benefits are paid (please print)

Case number

Student's Signature (if applicable) Date

Spouse's Signature (if applicable) Date

Parent's Signature (if applicable) Date

For Agency use only:

WELFARE BENEFIT CERTIFICATION (include Temporary Assistance for Needy Families (TANF):

The person listed above is: ___ Eligible ___ Not Eligible ___ Not on Record

Date Benefits Began (Month/Year): _____

Total Amount 1/1/07 – 12/31/07: \$ _____

Current Monthly Amount: \$ _____

Agency Representative (type or print)

Telephone Number/ Email Address

Title / Official Position

Signature

Agency Stamp

SOCIAL SECURITY BENEFIT CERTIFICATION:

The person listed above is: ___ Eligible ___ Not Eligible ___ Not on Record

Date Benefits Began (Month/Year): _____

Total Amount 1/1/07 – 12/31/07: \$ _____

Current Monthly Amount: \$ _____

Agency Representative (type or print)

Telephone Number/ Email Address

Title / Official Position

Signature

Agency Stamp

VETERANS' NON-EDUCATION BENEFIT CERTIFICATION:

The person listed above is: ___ Eligible ___ Not Eligible ___ Not on Record

Date Benefits Began (Month/Year): _____

Total Amount 1/1/07 – 12/31/07: \$ _____

Current Monthly Amount: \$ _____

Agency Representative (type or print)

Telephone Number/Email Address

Title / Official Position

Signature

Agency Stamp

CHILD SUPPORT CERTIFICATION:

The person listed above is: ___ Eligible ___ Not Eligible ___ Not on Record

Date Benefits Began (Month/Year): _____

Total Amount 1/1/07 – 12/31/07: \$ _____

Current Monthly Amount: \$ _____

Agency Representative (type or print)

Telephone Number/ Email Address

Title / Official Position

Signature

Agency Stamp