

# Reported Additional and/or Untaxed Income

2009-10

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



Financial Aid Applicant Information:

Student Name: \_\_\_\_\_ (Please Print) CSUB Id: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You reported an amount for one or more questions on the 2009-10 FAFSA (46-47, 94-95).** Using the amount(s) that you entered on the FAFSA for these questions, 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 2008 (1/1/08 – 12/31/08). 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.

2008 Additional Financial Information (questions 46 a-e & 94 a-e on FAFSA)	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. <b>Certification Required; see page 2.</b>	\$	\$
Taxable earnings from need-based employment programs, such as Federal 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.	\$	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included as adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$	\$

2008 Untaxed Income (questions 47 a-j & 95 a-i on FAFSA)	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.	\$	\$
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.	\$	\$
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. <b>(Agency Certification Required; see page 2.)</b>	\$	\$
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.	\$	\$

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

#### VETERANS' NON-EDUCATION BENEFIT CERTIFICATION

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

Date Benefits Began (Month/Year): \_\_\_\_\_

Total Amount 01/01/08 – 12/31/08: \$ \_\_\_\_\_

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 01/01/08 – 12/31/08: \$ \_\_\_\_\_

Current Monthly Amount: \$ \_\_\_\_\_

Agency Representative (type or print)

Telephone Number/ Email Address

Title / Official Position

Signature

Agency Stamp