

## **Verification of Other Untaxed Income for 2023**

Office Use Only UTXODD

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098 FAO.Verification@tamuc.edu

STUDENT'S NAME: \_\_\_\_\_CWID:

				FA. Answer	each question as it applies to
student's	s spouse, if a	pplies) who	ose inf	ormation is o	on the FASFA.
Enter zeros i	if no funds wer	re received. <b>D</b> o	not inc	<b>lude</b> foster care	e payments, adoption payments, or
rt	Name of (			Support	Annual Amount of Child Support Received in 2023
Tot	tal Amount	of Child S	uppor	t Received	\$
ferred pensi	ion and retirem				
e Payment Annu		nual Amount Paid in 2023			
	ent savings	\$			
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Type of Amount	embers of the lude the value of Benefit I	ne military, of on-base military, Received  Received	A1  \$ sion, De	nnual Amou	ne of basic military allowance for ant of Benefits Received in
Type of Amount  ed in 2023. It	embers of the lude the value of Benefit I	Received  Received  ity, Death Pensin benefits such	\$ sion, Deh as: Mo	nnual Amou	ant of Benefits Received in 2023  and the company of the company o
Type of Amount  ed in 2023. It	embers of the lude the value of Benefit Include Disabiliterans education	Received  Received  ity, Death Pensin benefits such	\$ sion, Deh as: Mo	nnual Amou	nt of Benefits Received in 2023  and adminity Compensation (DIC), ill, Dependents Education  mount of Benefits Received
Type of Amount  ed in 2023. It	embers of the lude the value of Benefit Include Disabiliterans education	Received  Received  ity, Death Pensin benefits such	\$ sion, Deh as: Mo	nnual Amou	nt of Benefits Received in 2023  and adminity Compensation (DIC), ill, Dependents Education  mount of Benefits Received
1	t To tirement ferred pens 12d with co	information was on to determine the student's spouse, if a student's spouse, if a statach a separate page.  Enter zeros if no funds were the separate of the separate of the separate page.  Total Amount tirement Savings ferred pension and retirem 12d with codes D, E, F, G	information was on the FASFA.  d to provide parental information student's spouse, if applies) who attach a separate page with your sentence if no funds were received. Do not sentence if no funds w	information was on the FASFA.  d to provide parental information on the student's spouse, if applies) whose information attach a separate page with your name.  Enter zeros if no funds were received. Do not income to the was Received.  Name of Child For Whom was Received.  Total Amount of Child Support tirement Savings ferred pension and retirement savings plans (e.g., 12d with codes D, E, F, G, H, and S.	to provide parental information on the FAFSA. A student's spouse, if applies) whose information is cattach a separate page with your name and CWID  Enter zeros if no funds were received. Do not include foster care  Name of Child For Whom Support Was Received  Total Amount of Child Support Received  tirement Savings ferred pension and retirement savings plans (e.g., 401(k) or 403(12) with codes D, E, F, G, H, and S.

UXTODD PG 2 CWID:
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## E. Other Untaxed Income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS FORM 1040 Line 25, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded from A-D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	<b>Type of Other Untaxed Income</b>	Annual Amount of Other Untaxed Income Received in 2023
Total	Amount of Other Untaxed Income	\$

## F. 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. Include support from a parent whose information was not reported on the student's 2025-2026 FAFSA, but do not include support from a parent whose information was reported. Examples are, 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 2025-2026 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 or the student's parents, such as grandparents, aunts, uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Amount Received in 2023
	Total Amount Received	\$

## **G.** Additional Information

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits and other amounts received by the student and any members of the student's household. This may include resources and benefits that are not required to be reported on the FAFSA (e.g., federal veterans' educational benefits, military housing, SNAP, TANF, HUD Housing, etc.)

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2023
Total Amount of Financial Support Received		\$

Additional Explanation of Support if Needed:

Certification and Signature: You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

- 1. All of the information provided is true and complete to the best of your knowledge.
- 2. All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending East Texas A&M.
- 3. Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided.
- 4. Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
- 5. Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided.
- 6. All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

Student's Signature		Date
Student's Spouse's Printed Name, if married	Spouse's Signature	Date
	Parent Signature	

Student's Parent's Printed Name, if dependent

Date