

STUDENT FINANCIAL ASSISTANCE

6525 North Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60626
Phone: 773.508.7704 Fax: 773.508.3397
Scan completed form and E-mail to finaidforms@luc.edu



Preparing people to lead extraordinary lives

2009-2010 PARENT UNTAXED INCOME VERIFICATION

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

Loyola ID: \_\_\_\_\_
(Your 11-digit Loyola ID number begins 0000.)

Directions: The FAFSA asked for other income items, which were not included on your parent's federal income tax return. The following list includes some of those items. Please have your parent(s) complete the following, and attach supporting documentation as appropriate. Indicate N/A if an item does not apply.

Attach copies of all parent W-2 forms from 2008. Worksheets submitted without W-2 Forms attached will be returned without being reviewed.

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 Box 12a through 12d, codes D, E, F, G, H and S. Include untaxed portions of 401(k) and 403(b) plans. \$ \_\_\_\_\_

IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS 1040-line 28 & line 32 or 1040A-line 17. \$ \_\_\_\_\_

Child support actually received for all children during 2008. Note: Don't include foster care or adoption payments. \$ \_\_\_\_\_

- Check if benefits ended during 2008.
Check if benefits will end during 2009.

What is the end date and total amount for 2009? \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A (12a minus 12b). Exclude rollovers. \$ \_\_\_\_\_

Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_
Check if benefits ended during 2008.

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Mother/Stepmother's Signature

Date

Father/Stepfather's Signature

Date



DTFA\_PU

PU 2010



AY2010