



2023-2024
Student Untaxed Income Verification

_____ 9 _____
Student's Name **Student's MSU Net ID** **MSU ID (9 digit)**

We received your 2023-2024 FAFSA. The information on this FAFSA should be based on your **2021** income. Please complete the following items pertaining to **untaxed income you received for 2021**. If you received no untaxed income, write "0" in the space provided. **Do not leave any lines blank.**

ASSET:	VALUE:
<u>PAYMENTS TO TAX-DEFERRED PENSIONS:</u> 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 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$
<u>CHILD SUPPORT:</u> Child support received for any of your children. Do not include foster care or adoption payments.	\$
<u>HOUSING AND LIVING ALLOWANCES:</u> Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of basic military allowance for housing.	\$
<u>VETERANS BENEFITS:</u> Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
<u>OTHER BENEFITS:</u> Other untaxed income (not reported in items 89a through 89h, such as workers' compensation, disability payments (NOT Social Security Disability), Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040, Schedule 1-Line 13, Railroad Retirement Benefits, etc. <u>DO NOT INCLUDE:</u> Student aid/financial aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security Benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
<u>SOCIAL SECURITY INCOME:</u> Social Security Disability, Untaxed Social Security Benefits, Supplemental Security Income.	\$
<u>OTHER SOURCES OF INCOME:</u> Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$

Student Certification Statement:

SIGNATURE (MUST BE HANDWRITTEN; electronic signatures/initials will not be accepted.)

By signing this form, I certify that all of the information on this form is complete and accurate to the best of my knowledge.

Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature _____ Date _____