

**INDEPENDENT UNTAXED INCOME WORKSHEET
2009-2010**

THE UNIVERSITY OF VERMONT
 Student Financial Services
 221 Waterman Building
 Burlington, VT 05405
Fax: (802) 656-4076

Name _____ Student ID# _____

Enter all of the following that apply to you (and your spouse) in the column on the left.

ENTER 0 FOR ALL THAT DO NOT APPLY.

STUDENT	Calendar Year 2008	SPOUSE
\$ _____	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 Form in Boxes 12a –12d, codes D, E, F, G, H and S.	\$ _____
\$ _____	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-lines 28 + 32 or 1040A-line 17.	\$ _____
\$ _____	Child support 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) 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' noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____
\$ _____	Any other untaxed income or benefits not reported elsewhere on this worksheet such as worker's compensation, disability, etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending Arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____
\$ _____	Cash received , or any money paid on your behalf, not reported elsewhere on this form.	\$ _____

\$	TOTAL	\$
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Student Signature _____ Date _____

Spouse Signature _____ Date _____

Daytime Phone # _____ E-mail Address _____