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2020-21 Untaxed Income Clarification Form (Parent)

Student Name		SSU I.D.	
Instructions:			
left blank and the i left blank, or confi	aid application, your parent(s) reported untaxed incominformation is now required. Please complete this for irm the untaxed income your parent reported on the a scular section. DO NOT leave any section blank.	m in order to provide us with the info	rmation that was
Enter the amount f	for parent(s)		Parent(s)
including amounts	a-deferred pension and saving plans (paid directly or a reported on the W-2 Form in Boxes 12a through 12d reported in code DD (employer contributions toward	d, codes D, E, F, G, H and S. Don't	
	s and payments to self-employed SEP, SIMPLE, Keo 040 Section 1total of lines 28 + 32.	gh and other qualified plans from	
c. Child support yo	ou received in 2018 for all children. Don't include fo	oster care or adoption payments.	
d. Tax exempt inte	erest income from 2018 IRS Form 1040line 2a.		
_	ns of IRA distributions and pensions from 2018 IRS I. If negative, enter a zero here.	Form 1040lines (4a minus 4b).	
f. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) in 2018.			
g. Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances received in 2018.			
h. Other untaxed income not reported in 92a through 92g, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040line 25. Don't include extended foster care benefits, student 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.			
Total for Parent(s)			
Statement of Cer	rtification: I certify that the above information is true	and complete.	
Parent Name (ple	ease print)	Phone number	
Parent Signature		Date	