



Office of Financial Aid and Scholarships

California State University San Marcos
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DEPENDENT UNTAXED INCOME

2009-2010 DEPENDENT UNTAXED INCOME

Student Name: _____ Day Time
Campus ID: _____ Phone Number: _____

PLEASE COMPLETE IN BLUE OR BLACK INK

The information reported on your 2009-2010 FAFSA requires additional clarification. Please complete the tables below. Sign, and return to the Financial Aid & Scholarship Office at CSUSM.

Please indicate zero, if zero.

| Student | 2008 Calendar Year | Parent |
|---------|--|------------------------|
| \$ | Payments to tax –deferred pensions and savings plans(paid directly or withheld from earnings) including, but not limited to amounts reported on W-2 boxes 12a-12d codes D,E,F,G,H,S. | \$ |
| \$ | Child support received for all children. Do not include foster or adoption payments. | \$ |
| \$ | Housing, food and other living allowances paid to military, clergy and others (including cash payments and cash value of benefits). | \$ |
| \$ | Veterans non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation and/or VA Educational Work-Study Allowances. | \$ |
| \$ | Other untaxed income not reported elsewhere such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed social security benefits, Supplemental Security Income, 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. | \$ |
| \$ | Money received or paid on your behalf (e.g. bills), not reported elsewhere on form. | |
| \$ | Student Total | Parent Total \$ |

PLEASE SIGN AND DATE

Student
Signature: _____ Date: _____
Parent
Signature: _____ Date: _____