

Loma Linda University

PARENTS' UNTAXED INCOME

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Personal Information		Aid Year: 22/23
LLU ID# or Social Security Number:		
Student Name: Last	First	Middle
PARENTS' UNTAXED INCOME		
Since your parents may or may not have reported an am verify the accuracy of the amount reported.	ount from question 92 on your Free	Application for Federal Student Aid (FAFSA), we must
Please complete applicable sections of the form below a not be reviewed for financial aid consideration until this		ents, to the Office of Financial Aid. Your application will
Note: On this worksheet, use amounts for the calendar year fi	rom January 1, 2020 to December 31, 20	220 rather than amounts for the school year.
		Parent(s)
a. Payments to tax-deferred pension and savings plan not limited to, amounts reported on the W-2 forms in		
b. IRA deductions and payments to self-employed SE Form 1040 Schedule 1 - t otal of line 15 + line 19.	CP, SIMPLE, Keogh, and other quali	ified plans from IRS
c. Child support received for any of your parents' chi	ldren. <u>Don't include</u> foster care or ac	doption payments.
d. Tax Exempt interest income from IRS Form 1040	- line 2a.	
e. Untaxed portions of IRA distributions and pension Exclude rollovers. If negative, enter a zero here.	us from IRS Form 1040-(lines 4a + 5a	a) minus lines (4b + 5b).
f. Housing, food, and other living allowances paid payments and cash value of benefits). Don't include t military allowance for housing.	. 0.	
g. Veterans' non-education benefits, such as Disability (DIC), and/or VA educational Work-Study allowance		Indemnity Compensation
h. Other untaxed income not reported in items 92a t	hrough 92g, such as worker's compen	nsation, disability, etc.

REQUIRED SIGNATURES

plans), foreign income exclusion, or credit for federal tax on special fuels.

I certify that all the information reported on this worksheet is true and accurate to the best of my knowledge. I understand that this information
will be used to determine the student's eligibility for financial aid and that false or misleading information may be cause for termination of aid and
repayment of funds received.

Totals

Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 - 1 ine 12. **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 Innovation and Opportunity Act educational benefits, on-base military housing, or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria

Parent's Signature: ______ Date: _____/____/

RETURN FORM TO:

LLU Financial Aid Office 11139 Anderson St. Loma Linda, CA 92350 Fax# (909) 558-4283

If you have any questions please email Finaid@llu.edu or call (909) 558-4509

LOMA LINDA UNIVERSITY