

Saint Francis Medical Center College of Nursing  
 Student Finance Office 511 NE Greenleaf Street Peoria, IL 61603

Worksheets for Calendar Year 2015

**2015 Untaxed Income**

Student/Spouse

Report Annual Amounts

Parent  
(If Dependent)

\$ \_\_\_\_\_ 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 Form in Boxes 12a through 12d, codes D, E, F, G H and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits). \$ \_\_\_\_\_

\$ \_\_\_\_\_ IRA deductions and payments to self-employed SEP, SIMPLE and Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17. \$ \_\_\_\_\_

\$ \_\_\_\_\_ Child support received for any of your 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) or 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). **Don't include** the value of on-base military housing or the value of a basic military allowance for housing. \$ \_\_\_\_\_

\$ \_\_\_\_\_ Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ \_\_\_\_\_

\$ \_\_\_\_\_ Other untaxed income not reported in items 45a through 45h (or 94a through 94h for your parent) such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – Line 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 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 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 this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. \$ \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL** **TOTAL** \$ \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Stepparent Signature \_\_\_\_\_ Date \_\_\_\_\_