

**Parent Signature** 

## 2026-2027 Verification of Other Untaxed Income

| Student Name  | Student ID  |                  |
|---|---|------------------|
| STUDENT/SPOUSE  | UNTAXED INCOME  | PARENTS          |
| \$  | IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 Schedule 1-total of lines 16 + 20.             | \$               |
| \$  | Tax exempt interest income from IRS Form 1040-line 2a.  | \$_              |
| \$  | Foreign Earned Income Exclusion.  | \$               |
| \$  | Untaxed portions of IRA distributions and pensions from IRS Form 1040 (lines 4a + 5a) minus (lines 4b + 5b). Exclude rollovers. If negative, enter a zero here. | \$               |
| <u>Warning</u> : If you purpo sentenced to jail, or b | sely give false or misleading information on this worksheet, you oth.   | may be fined, be |
| on so july of s                                       |   |                  |
| Student Signature                                     | Date  |                  |

Please email this form to financialaid@franu.edu.

Date