

FINANCIAL AID OFFICE

518 W. Locust Street - Davenport, Iowa 52803

563/333-5775 • fax 563/333-5818

2024-25 Untaxed Income Form

FEDERAL STUDENT AID PROGRAMS

Return this completed form to St. Ambrose University, Financial Aid Office 518 W. Locust Street, Davenport, IA 52803

Your FAFSA has been selected for a process called verification. In order to finalize your financial aid package, please provide us the following information within 30 days.

Student Information

Name	Last	First	Middle Initial	SAU student ID#		please print
Address						
	Street	Apt. no.		City	State	Zip
Date of birth		Daytime phone (inc	clude area code) _			

2022 Untaxed Income (calendar year 2022)

Please complete this form to help clarify a conflict regarding information you reported or left blank on the Free Application for Federal Student Aid (FAFSA). The U. S. Department of Education requires the resolution of conflicting information; therefore, **complete this worksheet and attach all supporting documentation**.

2022 UNTAXED INCOME - FOR ZERO AMOUNTS, ENTER "0". DO NOT LEAVE BLANK.	Student	Spouse
 IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-Schedule 1 — line 16 + line 20 	\$	\$
B) Tax exempt interest income from IRS Form 1040—line 2a	\$	\$
C) Untaxed portions of IRA distributions from IRS Form 1040—line 4a minus 4b. Exclude rollovers. If negative, enter a zero here.	\$	\$
D) Untaxed portions of pensions & annuities from IRS Form 1040—line 5a minus 5b. Exclude rollovers. If negative, enter a zero here.	\$	\$
E) Foreign Earned Income Exclusion from IRS Form 1040 – line 8d	\$	\$
F) Total Untaxed Income for 2022 (Add A through E)	\$	\$

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above.

Certification

By signing this form, I (we) certify that all the information reported is complete and correct. If you are dependent, your parent must sign. Return the form to the St. Ambrose University Financial Aid Office.

Student signature:____

Date: _____