

STUDENT INFORMATION			
Last Name:	First Name:	M.I.	Concordia ID:
Permanent Street Address:		Student's Date of Birth:	
City:	State:	ZIP:	Home Phone:

Please provide the accurate amount for each item listed below. DO NOT LEAVE ANYTHING BLANK. IF NONE, INDICATE ZERO.

STUDENT/SPOUSE	AMOUNTS FOR JANUARY 1, 2016 TO DECEMBER 31, 2016	PARENT(S)
FAFSA QUESTION 45	UNTAXED INCOME	FAFSA QUESTION 94
	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 forms 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, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17	
	Child support received for any of your parent's 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 zero here. Attach IRS Form 1099R if you had a rollover.	
	Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter zero here. Attach IRS Form 1099R if you had a rollover.	
	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 noneducation benefits, such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances	
	Other untaxed income not reported on the FAFSA, 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 the student's or spouse's behalf (e.g., bills) not reported elsewhere on this form. This includes cash support and tuition payments you received from a noncustodial parent (e.g., parent whose information was not reported on the 2018-19 FAFSA) and distributions to you (the student beneficiary) from a 529 plan owned by someone other than the student or the student's custodial parents , such as grandparents, aunts and uncles of the student.	Not Applicable

If there was an inconsistency in the original amounts you provided on the FAFSA, please provide a written explanation stating why the original FAFSA had incorrect information. If additional space is needed, use the back of this form or attach a separate sheet.

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. **Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail or both.**

Student Signature Required	Date
Parent Signature (Required if parent information reported on FAFSA)	Date