FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

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.	$_____

***Warning*: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

_____ _____

Student Signature **Date**

_____ _____

Parent Signature **Date**

Please email this form to financialaid@franu.edu