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2023-2024 Additional Financial Information Form

The 2021 income you reported on your 2023-2024 Free Application for Federal Student Aid (FAFSA) needs to be clarified. Please complete this form to verify the untaxed income for the 2021 calendar year. If NOT applicable, write in "N/A"; otherwise, you **must** enter an amount. Do not leave any items blank. You may attach a signed copy of your 2021 Federal Tax Return for reference. Please upload this completed document to a case in the [Rebel Success Hub \(Formerly known as the Self-Service Help Center\)](#) at [unlv.today/service](#).

A. Student Information		
Last Name: _____ First Name: _____ MI: _____ NSHE: _____		
B. 2021 Untaxed Income		
Untaxed Income 2021	Student (include spouse's information, if married) 2021 Annual Amount	Parent 2021 Annual Amount
Educational Credits as listed on your federal tax return ((Form 1040- Schedule 3, Line 3) - Please submit a signed copy of your Schedule 3.		
Child Support Paid mandated by a court of law. Please do not include support for children listed in your household size.		
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. List the amount from your 2021 W-2 and submit a copy.		
Taxable college grant and scholarship aid reported to the IRS as income on the federal tax return. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. Write the number next to "SCH" from the following line: (Form 1040 – line 1). If it does not state "SCH," write 0. Please submit a signed copy of your 1040.		
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay. You can determine untaxed combat pay by reviewing the total amount on the leave and earnings statement and subtracting the untaxed amount from IRS Form W-2, Box 12, code Q.		
Earnings from work under a Cooperative Education Program offered by a college.		
Add Total Untaxed Income 2021		

Student Name: _____ **NSHE:** _____

C. Signature

By signing this form, I certify that all information reported is complete and correct.

Student Signature	Date	Parent Signature <i>(if dependent)</i>	Date
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