



Office of Financial Aid
1510 Lake Rd | Dyersburg, TN 38024
financialaid@dsc.edu
Fax: 731-286-3354
Phone: 731-286-3350

2026-2027 Untaxed Income & Exclusion Form Dependent Student

Student's Name: _____ Student ID: _____

Carefully review this form and report the 2024 Annual amounts.

1. For the **Student's column**, *enter the amount for the student.*
2. For the **Parent's column**, *enter the amount for the parent(s) and/or stepparent*, if parental information was reported on the 2026-2027 Free Application for Federal Student Aid (FAFSA).

DO NOT LEAVE ANY COLUMN BLANK. IF THE ANSWER IS ZERO, ENTER \$0.00

Student		Parent(s)
\$	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 Form in Boxes 12a-12d, codes D, E, F, G, H, and S	\$
\$	Child support received for any of your children. Don't include foster care or Adoption payments.	\$
\$	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 non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported elsewhere on this form, 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 Investment 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 exclusions or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form or on the Free Application for Federal Student Aid (FAFSA). This includes money that you received from a non-custodial parent that is not part of a legal child support agreement.	\$

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

When you have completed this form, please return it along with all requested documents to the Financial Aid Office. You can either mail (1510 Lake Rd., Dyersburg, TN 38024), fax (731-286-3354), or drop off at any of our 3 locations.

Dyersburg State Community College does not discriminate against students, employees, or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs, and activities sponsored by Dyersburg State Community College. The staff that have been designated to handle inquiries regarding non-discrimination policies and the Dyersburg State Community College's policy on nondiscrimination can be found at <https://www.dscc.edu/non-discrimination-policy/>. A Tennessee Board of Regents Institution.