



2022-2023 Dependent Income Exclusion Worksheet

Student Name: _____

SMC ID# _____

ENTER 0 FOR ANY ITEMS THAT DO NOT APPLY. DO NOT LEAVE ANY FIELDS BLANK!

REPORT CALENDAR YEAR 2020 INCOME INFORMATION

| Student | Calendar Year 2020 | Parent |
|----------|---|----------|
| \$ _____ | Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children included in your household on the 2022-2023 FAFSA. | \$ _____ |
| \$ _____ | Taxable earnings from need-based employment programs such as Federal Work Study and need-based employment portions of fellowships and assistantships. | \$ _____ |
| \$ _____ | Taxable grant and scholarship aid reported to the IRS as income. Include AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant & scholarship portions of fellowships and assistantships. | \$ _____ |
| \$ _____ | Combat pay or special combat pay, that was taxable and included in your (or your parents') adjusted gross income. DO NOT INCLUDE UNTAXED COMBAT PAY. | \$ _____ |
| \$ _____ | Earnings from work under a cooperative education program offered by a college. | \$ _____ |

2020 Child Support Paid

Did the student or parent pay child support because of divorce or separation during calendar year 2020? YES NO
(Do not include support paid for children included in household size.)

If yes, please provide the following:

| Name of the person who <u>paid</u> the child support | Name of the person to <u>whom</u> the child support was paid | Name <u>and age</u> of the child <u>for whom</u> the child support was paid | Amount of child support paid in 2020. |
|--|--|---|---------------------------------------|
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CERTIFICATION: I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Please print and sign before submitting. We CANNOT accept digital signatures.

Student Signature

Date

Parent Signature

Parent Printed Name

Date