

EXCLUDED INCOME WORKSHEET

Student's Name: _____	UCFID: _____
Address: _____	Date: _____
City: _____	State/Zip: _____
Email Address: _____	Phone: _____

The income reported to IRS for tax purposes may be adjusted for financial aid purposes. In some instances, the amount of income listed on the tax return includes income that is not counted for financial aid purposes. In addition, child support paid by the student/spouse/parent (whichever is applicable) is deducted from income because that money is not available for educational purposes or normal living expenses.

Please complete the following worksheet so that we can confirm the information that was reported on your FAFSA.

NOTE: Provide parent answers if you used parent information when completing your 2016-2017 FAFSA.

Student/Spouse Parent(s)

1. **Child support paid in 2015** because of divorce or separation or as a result of legal requirements. **Do not include support for children already listed in your household** (those reported in Section II of the Verification Worksheet)..... \$ _____ \$ _____

• Name(s) & age(s) of the children for whom these payments were paid in **2015**:

Name	Age		Name	Age

• Name of the person to whom child support was paid: _____

• Name of the person who paid child support : _____

2. **Grant, scholarship, fellowship and assistantship aid, including AmeriCorp awards, in excess** of tuition, fees, books, and required supplies that **was reported in the Adjusted Gross Income (AGI) on the 2015 federal tax return(s)**:..... \$ _____ \$ _____

• Was this amount claimed as income on your or your parent's **2015** tax return?
 yes no

3. **2015 Taxable Earnings from Federal Work-Study** or other need-based work programs. Was this income reported on your or your parent's **2015** income tax return(s)? yes no. The amount was:..... \$ _____ \$ _____

• Please name the college(s) from which this **2015** taxable income was earned:

4. Education credits from IRS Form 1040-line 50 or 1040 A-line 33 on the 2015 tax return.... \$ _____ \$ _____

5. **Combat pay or Special Combat Pay.** Only enter the amount that was taxable and included in your or your parent's Adjusted Gross Income. Please attach all **2015** W-2 forms..... \$ _____ \$ _____

6. **Earnings from work under a Cooperative Education Program** offered by a school. Please attach all **2015** W-2 forms..... \$ _____ \$ _____

 By signing this form, I certify that the information provided on this form is complete and correct to the best of my knowledge.

Student's Signature: _____

Date: _____

Parent's/ Spouse's Signature: _____

Date: _____