

**Income Exclusion Worksheet - PARENT  
ACADEMIC YEAR 2017-2018**

<b>Student Name:</b> _____		
(last)	(first)	(middle initial)
<b>Last Four Digits of Student SSN: XXX - XX -</b> _____		<b>UW Student ID #:</b> _____

**Parent(s):** To confirm your student's 2017-2018 financial aid eligibility, our office requires additional information about your 2015 income. Please complete the information below and submit this form to our office. *Respond to all questions. Incomplete forms will not be processed and will be returned to you for clarification.*  
**▶▶ If the answer is zero, please indicate '0' or 'N/A'. We are not able to accept blank as an answer.**

<b>SECTION I: Parent(s):</b> Check here <input type="checkbox"/> if you did not file and were not required to file a 2015 tax form. Report your total 2015 income earned from work below, attach your 2015 W2(s), <b>AND</b> complete SECTION III.	<b>Yearly Amount Received</b> (Jan 1, 2015- Dec 31, 2015)
Parent 1 (father/mother/stepparent)	\$ _____ .00
Parent 2 (father/mother/stepparent)	\$ _____ .00

**SECTION II: Parent(s):** Check here  if you have filed your 2015 tax form. **REMINDER:** Please send our office a copy of your 2015 IRS Tax Return Transcript (foreign tax forms must be signed, translated, and converted to U.S. Dollars) **AND** complete SECTION III.

<b>SECTION III: Parent(s):</b> Report your Income Exclusions below.	<b>Yearly Amount Received</b> (Jan 1, 2015- Dec 31, 2015)
<b>Grants or Scholarships reported</b> as part of the Adjusted Gross Income (AGI on parent(s) 2015 federal tax form (1040, 1040A, 1040EZ)	\$ _____ .00
Parent(s) taxable earnings from federal or state work study programs	\$ _____ .00
Taxable combat pay included in parent(s) AGI on the 2015 federal tax form (1040, 1040A, 1040EZ). <b>Combat pay is reported on the W-2 form, Box 12, Code Q</b>	\$ _____ .00
Parent(s) earnings from work under a cooperative education program offered by a college	\$ _____ .00
Child Support <b>PAID</b> in 2015 (don't include support paid for the children reported in parent(s) FAFSA household size): Name and age of child(ren) child support paid for: _____ _____	
Name of parent child support paid to: _____	\$ _____ .00

<b>I certify the information provided on this form is true and complete to the best of my knowledge.</b>	
Parent Name: _____	
Parent Signature: _____	Date: _____