

## PARENT INCOME EXCLUSIONS WORKSHEET

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Student's Middle Initial: \_\_\_\_\_

Student's 9-digit UCR ID#: \_\_\_\_\_

You listed a 2015 income exclusion on question #93 of the 2015-2016 Free Application for Federal Student Aid (FAFSA). This amount is now listed as item #93 on the student's Student Aid Report (SAR). The Financial Aid Office is verifying this data.

**Please complete the information below and return this form to the Financial Aid Office.**

### TO BE COMPLETED BY PARENT(S)

Note: On this worksheet, use amounts during the calendar year from January 1, 2015 to December 31, 2015.

|  |                 |
|--|-----------------|
| 1. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credits) from IRS Form 1040-line 50 or 1040A-line 33.  | \$ _____        |
| 2. Child support your parents <b>paid</b> because of divorce or separation or as a result of a legal requirement. <b>Do not</b> include support for children in your parents' household, as reported in FAFSA question 73.   | \$ _____        |
| 3. Parents' taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.   | \$ _____        |
| 4. Parents' taxable student grant and scholarship aid <b>reported to the IRS in your parents' adjusted gross income</b> . Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships. | \$ _____        |
| 5. Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. <b>Do not</b> enter untaxed combat pay.   | \$ _____        |
| 6. Earnings from work under a cooperative education program offered by a college.  | \$ _____        |
| <b>TOTAL:</b>  | <b>\$ _____</b> |

Certification: All of the information on this form is true, complete, and accurate. I agree to provide proof of the information that I reported on this form if requested to do so by an authorized official.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(one parent whose information is provided on the FAFSA)

**After you have filled in the information, print, sign, and submit this form to:  
UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521  
Phone (951) 827-3878 Fax (951) 827-5619**