



Worksheet for Determining Support of a Dependent

The total cost of support for the year (line 19) should generally be at least \$6,062 for each household member for 2016-2017. It is not reasonable to expect that a person could live on less than this amount.

ANNUAL AMOUNTS

Annual Funds Belonging to the Individual You Supported:

- 1. Income received (taxable and nontaxable) (see back) \$ _____
2. Amounts borrowed during the year..... \$ _____
3. Amount in savings and other accounts at the beginning of the year \$ _____
4. The total of lines 1, 2, and 3 \$ _____

Expenses for Entire Household - per month:

- 5. Rent/Housing \$ _____
6. Utilities (heat, lights, water, etc., not included in line 5) \$ _____
7. Food (including grocery and eating out) \$ _____
8. Transportation (car payment, auto insurance, gas and oil) \$ _____
9. Medical/Dental/Vision insurance or payments \$ _____
10. Total household expenses per month (total of lines 5 through 9) \$ _____
11. Total number of persons who live in household..... _____
12. Each person's part of household expenses (line 1 divided by line 11) \$ _____

Expenses for the Individual You Supported - per month:

- 13. Education/Childcare..... \$ _____
14. Clothing..... \$ _____
15. Personal..... \$ _____
16. Entertainment \$ _____
17. Total personal cost for the individual you support (add lines 13 through 16)..... \$ _____
18. Personal cost plus each individual's household expense (add line 12 and line 17) \$ _____
19. Annual expenses (line 18 times 12 months)..... \$ _____

Did You Provide More Than half?

- 20. Amount the person provided for own support (line 4, plus line 5 if the person you supported owned the home) \$ _____
21. Annual amount others provided for the person's support. Include amounts provided by non-custodial parent, grandparent, state, local, and other welfare societies or agencies. Do not include any amounts included in line 1. \$ _____
22. Amount you provided for the person's support (line 19 minus lines 20 and 21) \$ _____
23. 50% of line 19 \$ _____

Is line 22 more than line 23?
YES - You meet the support test for the individual.
NO - You do not meet the support test for the individual. You cannot claim independent status.

Student's Name: _____

S. S. # _____

Signature _____

Date _____

Income From All Sources for 2015

Attach a signed copy of your 2015 federal tax return.

\$ _____ Income from work
\$ _____ Interest income
\$ _____ Unemployment benefits
\$ _____ Gifts (provide source of gift)
\$ _____ Untaxed/Other (explain)
\$ _____ Disability and medical benefits
\$ _____ VA benefits
\$ _____ Social Security income
\$ _____ Pension/retirement
\$ _____ Supplemental security income
\$ _____ Other government benefits

WIC Yes No

SNAP Yes No

Free or reduced lunch Yes No

Temporary Assistance for needy families (TANF) Yes No

\$ _____ **Total Income***

* Total income for the year should generally be at least \$6,062 for each household member. It is not reasonable to expect that a person could live on less than that amount.