

2016-2017 STUDENT INCOME EXCLUSIONS WORKSHEET

Student's Last Name: _____

Student's First Name: _____

Student's Middle Initial: _____

Student' 9-digit UCR ID #: _____

To verify the amount of the income exclusions reported on your 2016-2017 Free Application for Federal Student Aid (FAFSA), please complete the following information:

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

Note: On this worksheet, use amounts during the calendar year from January 1, 2015 to December 31, 2016.

1. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040-line 49 or 1040A-line 31.	\$ _____
2. Child support you paid because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household, as reported in FAFSA question 95.	\$ _____
3. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$ _____
4. Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$ _____
5. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay.	\$ _____
6. Earnings from work under a cooperative education program offered by a college.	\$ _____
TOTAL:	\$ _____

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.

Student's Signature: _____ Date: _____

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