



Worksheet for Determining Support of a Dependent

The total cost of support for the year (line 19) should generally be at least \$6500 for each household member for 2019-2020. 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 10 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 2018

Attach a signed copy of your 2018 federal tax return if available.

\$ _____ 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 \$6500 for each household member. It is not reasonable to expect that a person could live on less than that amount.