



**Section D: Income Earned in 2022**

If you or your parent(s) had a reduction in income for 2022, complete the table below. Enter \$0 for any income not received in 2022.

<b>Taxable/Non-Taxable Income &amp; Benefits for 2022</b> (from January 1, 2022 – December 31, 2022)			
Income for 2022	Student	Parent 1	Parent 2
<b>Income Earned from Work</b> <i>(non-tax filers attach copy of all W-2 and/or 1099 forms)</i>	\$	\$	\$
<b>Other Taxable Income</b> <i>(do not include unemployment income)</i>	\$	\$	\$
<b>Untaxed Social Security Benefits</b>	\$	\$	\$
<b>Child Support Received</b>	\$	\$	\$
<b>Earned Income Credit</b>	\$	\$	\$
<b>Military/Clergy Allowance</b> <i>(housing, food, living allowances paid to military/clergy)</i>	\$	\$	\$
<b>Payments to Tax-Deferred Pension and Retirement Plans</b>	\$	\$	\$
<b>Other Untaxed Income</b>	\$	\$	\$
<b>Totals</b>	\$	\$	\$

**Section E: Unusual Expenses**

If you or your parent(s) had unusual expenses in 2022, check the appropriate box(es) and complete the section below (Section E).  
If this section does not apply, leave blank and proceed to Section F.

- Unusual Medical & Dental Expenses**

Amount paid out of pocket for medical/dental expenses not covered by insurance in 2022: \$ \_\_\_\_\_

- Elementary & Secondary Education Tuition for 2022 calendar year** (does not include college expenses)

List the amount of elementary and/or secondary school tuition that you will pay for your dependent child(ren) to attend school during the 2022 calendar year. Do not include amounts covered by scholarships or waivers.

Child's Name	Age	Name of School	Amount of Tuition in 2022
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

- Unusual Expenses**

List the amount of any other unusual debts or expenses for which you or your parents paid in 2022 (such as elderly dependent care, disabled family member, etc.). Do not list consumer debt for discretionary purchases or services.

Type of Expense	Expense Paid By	Amount Paid in 2022
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Section F: Signature(s)**

By signing this worksheet, I/we certify that all the information reported on this worksheet is complete and correct. One parent whose information is provided must sign.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*This form must be signed and dated in order to be processed\*\***

**Note: Special Circumstance Forms may take up to four weeks to process.**