



INCOME EXCLUSION

2009-2010 INCOME EXCLUSION

Student Name: _____ Day Time
Campus ID: _____ Phone Number: _____

PLEASE COMPLETE USING BLACK INK

The information reported on your 2009-2010 FAFSA requires additional clarification. Please complete the tables below. Sign, and return to the Financial Aid & Scholarship Office at CSUSM. **Please indicate if zero.**

Student/ Spouse	2009 Calendar Year	Parent
\$	Education credit (Hope and Lifetime Learning tax credits) from IRS Form 1040- line 49 or 1040A- line 31.	\$
\$	Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household.	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study, and need-based employment portions of fellowships and assistantships.	\$
\$	Student grant and scholarship aid reported to the IRS (on Federal Tax Forms) in your (or parents) adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Combat pay is reported on the W-2 in Box 12, Code Q.	
\$	Student/Spouse Total	Parent Total \$

PLEASE SIGN AND DATE FORM

Student
Signature: _____ Date: _____

Parent
Signature _____ Date: _____