

| Student Name | Student ID# |
|----------------------|-------------|
| Parent 1 Legal Name: | |
| Parent 2 Legal Name: | |

DIVISION OF INCOME AND ASSETS

You have indicated on your son's/daughter's FAFSA that you have had a change in marital status, yet filed a joint 2019 Federal tax return. Please complete the following form, dividing the income and assets accordingly. In cases of dependent students, the custodial parent should complete and sign this form.

| | Reported on 1040, 1040A, or 1040 EZ | Parent 1 | Parent 2 |
|---|--|----------|----------|
| Wages, salaries, etc. | | | |
| Interest income | | | |
| Dividend income | | | |
| Refund of state tax (1/2) | | | |
| Alimony received | | | |
| Business income (loss) | | | |
| Capital gain (loss) | | | |
| Taxable IRA/Pensions | | | |
| Rental income, royalties, etc. | | | |
| Farm income (loss) | | | |
| Unemployment compensation | | | |
| Taxable Social Security Benefits | | | |
| Other Income | | | |
| Educator expenses | | | |
| Certain business expenses of reservists, performing artists, and fee basis government officials | | | |
| Health Savings Account deductions | | | |
| Moving Expenses | | | |
| One-half of self employment tax | | | |
| Self Employed SEP, SIMPLE plans | | | |
| Self Employed health insurance ded. | | | |
| Penalty on early withdraw of savings | | | |

| | Reported on 1040, 1040A, or 1040 EZ | Parent 1 | Parent 2 |
|--|--|----------------------|------------------|
| Alimony paid | , | | |
| IRA deduction | | | |
| Student Loan Interest deduction | | | |
| Tuition and Fees deduction | | | |
| Domestic Productions activities ded. | | | |
| Adjusted Gross Income (AGI) | | | |
| Assets | | | |
| Cash, savings, checking | | | |
| Real estate/Investment net worth* | | | |
| Business value net worth* | | | |
| Farm value net worth* | | | |
| Please indicate below which parent the stud lid not live with one parent more than the oluring the last 12 months. | | | |
| Parent 1 | Parent 2 | | |
| f you have any questions or additional compelow. | ments, feel free to contact o | ur office or use the | e space provided |
| | | | |
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| | | | |
| Signature of Parent (completing this form) | _ | Date | |