

**Family Income and Expense Worksheet – 2020**

This form is intended to correlate your family's annual income sources and expenses. Make sure to list all sources of income for the calendar year, including gifts from relatives, and government benefits. Please also provide documentation of any government assistance you may have received during the year. If your expenses exceeded your income, please provide an explanation as to how you funded your expenses for the year.

**Student Name:** \_\_\_\_\_ **Columbia ID:** \_\_\_\_\_

**Income:** Please list all sources of income received in 2020.

|   |   |
|---|---|
| Wages (box 1 of your W-2 statements): _____ | Prior year tax refund: _____  |
| Dividend and Interest income: _____         | Government Benefits (SNAP, TANF, etc.): please specify type of assistance and amount received for each:<br>_____<br>_____ |
| Net business income: _____                  |   |
| Unemployment compensation: _____            |   |
| Social Security Income: _____               | Gifts from family or friends: _____<br>_____  |
| Alimony received: _____                     |   |
| Pension/IRA distributions: _____            | Other income: Please clarify source and amount: _____<br>_____  |
| Child support received: _____               |   |

**Expenses:** Please list all annual expenses paid in 2020.

**TOTAL Income:** \_\_\_\_\_

| Household Expenses   | Household Expenses, cont'd      | Taxes; Other  |
|--|---------------------------------|---|
| Rent/mortgage: _____   | Food: _____                     | Federal Taxes: _____  |
| Education Loan repayment: _____                                    | Transportation: _____           | State/Local Taxes: _____  |
| Car payments: _____  | Utilities: _____                | Real Estate Taxes: _____  |
| Credit Card payments: _____  | Telephone: _____                | Union Dues: _____   |
| Homeowner's/Renter's Insurance: _____                              | Medical/Dental: _____           | Child Support/Alimony paid:<br>_____                                    |
| Health Insurance: _____  | Clothing/Laundry: _____         |   |
| Life Insurance: _____  | Home maintenance: _____         | Out-of-pocket expenses for relatives: please specify:<br>_____<br>_____ |
| Car Insurance: _____   | Charitable contributions: _____ |   |
| <b>Sibling elementary/secondary school tuition expenses:</b> _____ | Recreation/entertainment: _____ |   |

**TOTAL Expenses:** \_\_\_\_\_

If your expenses exceed your income, please provide clarification on a separate page.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_