



Office of Financial Aid and Scholarships

INCOME EXCLUSION

California State University San Marcos
 San Marcos, California 92096-0001 USA
 Tel: (760) 750-4850; Fax: (760) 750-3047
 finaid@csusm.edu
 www.csusm.edu

2008-2009

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

PLEASE COMPLETE USING BLACK INK

The information reported on your 2008-2009 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	2008 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) 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.	\$
\$	Student/Spouse Total	Parent Total
		\$

PLEASE SIGN AND DATE FORM

Student
 Signature: _____ Date: _____

Parent
 Signature _____ Date: _____