

University of Alaska Southeast

Support of Child Determination Form

This form is used to determine whether a person provides more than half of the support for another person. It is based on the Worksheet for Determining Support that appears in IRS Publication 501 Exemptions, Standard Deduction, and Filing Information.

Your Name: _____

Your Social Security Number: _____

Name of child you claim to provide over 50% of the support for: _____

Expenses for the Entire Household (where you and the child live)	
[1] Lodging (Complete item a or b)	
(a) Monthly rent expenses:	\$ _____
(b) If not rented, show fair monthly rental value of home:	\$ _____
[2] Monthly utilities (heat, light, water, etc. not included in line 1a or 1b):	\$ _____
[3] Total monthly household expenses (add lines 1 and 2):	\$ _____
[4] Total number of persons who live in the household:	_____
Expenses for the Child You Support	
[5] Monthly expenses per household member [line 3 divided by line 4]:	\$ _____
[6] Estimated monthly food expenses for the child:	\$ _____
[7] Estimated monthly clothing expenses for the child:	\$ _____
[8] Estimated monthly education or day care expenses for the child:	\$ _____
[9] Estimated monthly transportation expenses for the child:	\$ _____
[10] Other estimated monthly expenses for the child (specify):	\$ _____
[11] Total estimated cost of monthly support (add lines 5 through 10):	\$ _____
Support You Will Provide	
[12] What will be your average monthly income between 07-01-09 and 06-30-10?:	\$ _____
[13] Amount to be provided monthly by non-custodial parent:	\$ _____
[14] Amount to be provided monthly by child's grandparents:	\$ _____
[15] If you live with the child's other parent, what will be his/her average monthly income between 07-01-09 and 06-30-10?:	\$ _____
[16] Amount to be provided monthly by state, local, and other welfare societies or agencies:	\$ _____

I verify that the information provided on this form is true and correct:	
Signature: _____	Date: _____

OFFICE USE ONLY:
Amount of support to be provided by the student: _____
Amount of support to be provided by child's other parent: _____
Amount of support to be provided by child's grandparents: _____

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Funds Belonging to the Person You Supported	
[1] Total funds belonging to the person you supported, including income received (taxable and nontaxable) and mounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year.	\$ _____
[2] Amount used for support:	\$ _____
[3] Amount used for other purposes:	\$ _____
[4] Amount in savings and other accounts at the end of the year (The total of lines 2, 3, and 4 should equal line 1.)	\$ _____
Expenses for the Entire Household (where the person you supported lived)	
[5] Lodging (Complete item a or b)	
(a) Rent paid	\$ _____
(b) If not rented, show fair rental value of home. If the person you supported owned the home, include this amount in line 19.	\$ _____
[6] Food	\$ _____
[7] Utilities (heat, light, water, etc. not included in line 5a or 5b)	\$ _____
[8] Repairs (not included in line 5a or 5b)	\$ _____
[9] Other. Do not include expenses of maintaining home, such as mortgage interest, real estate taxes, and insurance.	\$ _____
[10] Total household expenses (Add lines 5 through 9):	\$ _____
[11] Total number of persons who lived in household	_____
Expenses for the Person You Supported	
[12] Each person's part of household expenses (line 10 divided by line 11):	\$ _____
[13] Clothing	\$ _____
[14] Education	\$ _____
[15] Medical/dental	\$ _____
[16] Travel/recreation	\$ _____
[17] Other (specify):	\$ _____
[18] Total cost of support for the year (Add lines 12 through 17):	\$ _____
Did You Provide More Than Half?	
[19] Amount the person provided for own support (line 2, plus line 5b if the person you supported owned the home)	\$ _____
[20] Amount others provided for the person's support. Include amounts provided by state, local, and other welfare societies or agencies, as well as amounts paid by others. Do not include any amounts included on line 1.	\$ _____
[21] Amount you provided for the person's support (line 18 minus lines 19 and 20)	\$ _____
[22] 50% of line 18;	\$ _____
Is line 21 more than line 22? Yes or No:	
Yes. You meet the support test for the person.	
No. You do not meet the support test for the person.	