**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2011 UNTAXED INCOME WORKSHEET

Calculate **ANNUAL** amounts for the following categories:

**Mortgage Payment or Rent**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Utilities (lights, water, phone, cable, gas)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Groceries** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation (car payment, insurance, gas)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ANNUAL TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Total divided by number in household (including yourself and spouse) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Multiply by number in household (including yourself and spouse) that you**

**and/or spouse provided more than half (50%) of their support in 2011 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###  TOTAL FOR OTHER UNTAXED INCOME

#### Student Signature

Parent signature (if required)

WCC affords equal opportunity to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. WCC will make reasonable accommodations for persons with disabilities.