Financial Aid Application Worksheet 2018-2019 School Year



Completing the application online is easy, fast and secure. Visit http://www.mytads.com/ to start the application.

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This is a worksheet to help you prepare to fill out the TADS Financial Aid Application and WILL NOT be accepted as an application.

You will need the following supporting documentation before you begin:

- · Most recently filed federal taxes
- Most Recent W-2's received by all Parents/Guardians listed on application
- Recent pay stubs of jobs that Parents/Guardians currently hold
- All documentation that establishes how much miscellaneous monthly or yearly income you currently receive (i.e. welfare, food stamps, unemployment, workers' compensation)
- All corporate, partnership and trust tax forms, if a Parent/Guardian owns 20% or more interest
 in a corporation or partnership or if any member of the household owns 20% or more interest in a trust
- · Other documentation (recent utility bills, daycare expense, etc.,) may be required

SECTION 3 List all jobs held by Parent(s)/Guardian(s) since January 1, 2017, even if no longer at this job

If Parents/Guardians have held more than four jobs since January 1, 2017, please see your financial aid administrator for an addendum. If a Parent/Guardian only received a Form 1099, enter that in Section 4.

- **4.** 2017 Wages, Tips, Other Compensation: This value can be found in Box 1 of your 2017 W-2. If you do not have your 2017 W-2 yet, use the year-to-date total off of your last December 2017 paycheck. You may fax the W-2 in later as long as it is before the application deadline.
- **5.** 2018 Estimated Wages, Tips, Other Compensation for this job: If you estimate that your 2018 income from a job will be lower than 2017 income, please attach an explanation of why you believe that will happen.
- 2. Employer
- **4.** 2017 Wages, Tips, Other Compensation
- **5.** 2018 Estimated Wages, Tips, Other Compensation

SECTION 4 List Business, Farm, Corporation, Partnership, Trust and Miscellaneous Income since January 1, 2017

Complete this section even if the business recently closed, or has just opened. Find your relevant tax form below and enter the corresponding line number values for each field on the application. For example: If you filed Form 1065 because you are involved in a Partnership, you should find 'Partnership – Form 1065' in the section below. You will then notice that there are two numbers, **5.** and **6.** Listed after each number is the action you need to take for that item. Continuing with the Partnership example, you would look at **5.** and notice that it says'Line 22'. Find Line 22 on the Partnership Form 1065 and enter that number into **5.** 2017 Actual Net Profit on this application. You are required to submit all tax documentation, profit and loss statements and balance sheets along with your application.

Group 1: No additional fee is required if you submitted tax documentation to the federal government for the following group:

Miscellaneous Income – Form 1099: **5.** Line 7, **6.** Leave blank Profit/Loss from Business – Schedule C: **5.** Line 31, **6.** Line 13 Profit/Loss from Business – Schedule C-EZ: **5.** Line 3, **6.** Leave blank

Profit/Loss from Farm – Schedule F: **5.** Line 34, **6.** Line 14 Estates and Trusts – Form 1041: **5.** Line 22, **6.** Leave blank Partnership – Form 1065: **5.** Line 22, **6.** Line 16c

Group 2: An additional processing fee is required if you submitted tax documentation to the federal government for the following group (see School Directions for fee information):

Corporation (Short Form) - Form 1120-A: 5. Line 26, 6. Line 20c

Corporation - Form 1120: **5.** Line 30, **6.** Line 20

S Corporation - Form 1120S: **5.** Line 21, **6.** Line 14c

- 5. 2017 Actual Net Profit
- **6.** 2017 Actual Depreciation
- **7.** 2018 Estimated Net Profit

SECTION 5	Other	Monthly	/ Income

1.	Welfare Income	Monthly Social Security for: 3. Parent(s)/Guardian(s)	Monthly Average Amount Received for:6. Child Support	Miscellaneous Monthly Income: 8. Taxable
2.	Food Stamps	4. Dependents under 19	7. Alimony	9. Non-Taxable
_		5. Elderly Dependents		

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SECTION 6 Other Yearly Income 1. 2017 Interest & Dividends: This value 1. 2017 Interest & Dividends Yearly Unemployment Miscellaneous Yearly Income is found by adding lines 8a, 8b and 9a on your 4. Actual 2017 **6.** 2017 Lump Sum 1040 tax return form. Yearly Workers' Compensation **6. and 7.** Include any income that is not **2.** Actual 2017 **7.** Recurring Yearly 5. Estimated 2018 accounted for elsewhere on this application. 3. Estimated 2018 **SECTION 7** If You Pay Rent SECTION 8 Yearly Energy Expenses (renters and homeowners) Enter the amount you pay for rent alone; do 1. Monthly Rent If you rent, do not include these expenses 1. Electricity not include utility expenses unless they are if they are already included in monthly rental payments. Homeowners should built in to your monthly rental payments. **2.** Yearly Renters' Insurance 2. Gas, Oil, Coal report expenses. **3.** Water, Sewage **SECTION 9** Assets and Expenses – Home Fill out this section if you are a homeowner. 1. Year of Purchase **5.** Amount Owed on **8.** 2017 Home Insurance Home Loans/Mortgages **4.** Current Market Value: If you have not had a recent appraisal on your property, use the most 2. Purchase Price 10. 2017 Rental Income recent Real Estate Tax Assessment. 6. Monthly Mortgage Payment (if not a single family dwelling) **5.** Amount Owed on Home Loans/Mortgages: Make sure to include any second mortgages 3. Improvements/Additions in this figure. **7.** 2017 Property Tax 11. 2017 Rental Expenses (if not a single family dwelling) 10. 2017 Rental Income: Include rent or 4. Current Market Value mortgage contributions from others living in home. SECTION 10 Assets and Expenses – Real Estate other than Home Fill out this section if you own any other 1. Number of Properties **5.** Amount Owed for all Properties **7.** 2017 Gross Property Income: List the properties in addition to your home, total yearly gross income for properties other including rental properties, land, etc. than home. 2. Purchase Price of all Properties **6.** Total Monthly Loan/Mortgage Payment 4. Current Market Value: If you have not had **8.** 2017 Gross Property Expenses: List total recent appraisals done on your properties, use expenses for properties. Do not include the most recent Real Estate Tax Assessments. principal paid on loan or mortgage amounts. **3.** Cost of Improvements/Additions 7. 2017 Gross Property Income **6.** Total Monthly Loan/Mortgage Payment: List total monthly mortgage or loan payments 4. Current Market Value 8. 2017 Gross Property Expenses for all properties other than home. **SECTION 11** Assets and Debt – Automobiles Please enter market value and current debt for Information for vehicles that you own Information for vehicles that you lease **6.** Yearly Insurance Cost for All Vehicles the vehicles that you own in items 1., 2. and 1. # of Vehicles **4.** # of Vehicles **3.,** and requested information for the vehicles that you are leasing in 4. and 5. 2. Total Current Market Value 5. Total Monthly Lease **6.** Yearly Total of Vehicle Insurance Cost: Please enter the yearly cost of insurance for all vehicles that you either own or lease. 3. Total Debt



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SECTION 12 Assets – Recreati	ona	l Vehicl	es/	Boats	SECTI	ON	13 Assets – Cash, Sto	cks	s, et	c.
1. Value: Include market value for all recreational vehicles that you own. A few examples of recreational vehicles are: Motor homes, boats, motorcycles, all terrain vehicles, personal watercrafts, snowmobiles and dune buggies. 2. Debt: Please list amount you owe for all of the recreational vehicles that you own.		Value	Value		1. Checking, Savings, Cash, CD's: List current value of these accounts,		1.	1. Checking, Savings, Cash, CD's		
				along with cash on hand. 2. Stocks, Securities, Bonds, Mutual Funds: List current value of these accounts.			2. Stocks, Securities, Bonds, Mutual Funds			
SECTION 14 Assets – Retireme	ent	Plans								~
1. 2017 Contribution — Household: Enter the total Parents/Guardians contributed towards these funding year 2017 contributions are still pending, please	al am ds du	ount that ring 2017.	1.	2017 Contribution—Hou Self Managed (IRA, SEP, etc.		2.	2017 Contribution—Employer Self Managed (IRA, SEP, etc.):	ſ	3.	Total Current Value Self Managed (IRA, SEP, etc.):
2. 2017 Contribution — Employer: Enter the total amount that employers of Parents/Guardians contributed toward these funds during 2017. If year 2017 contributions are still pending, please estimate total.			Other Managed (401k, etc.)		Other Managed (401k, etc.):	_		Other Managed (401k, etc.):		
3. Current Total Value: Enter the total amount tha are worth. This value is not just the sum of 1. and the total worth of the funds from a recent statemy 2017 contributions are still pending, please estim	l 2. , l ent. I	out rather f year								
SECTION 15 Medical Expense:	S									
 Medical/Dental and 2. Prescription Drugs: List only out-of-pocket expenses that will not be, or have not been covered by insurance. Include co-pay amounts here. Annual Insurance Premiums: If you pay insurance premiums, list the corresponding amounts here. Please list the total amount you pay in a year. 		1.	Payments Made in 2017 Medical/Dental	,	2.	Current Medical Debt Medical/Dental		3.	Annual Insurance Premiums Medical/Dental	
			Prescription Drugs			Prescription Drugs			Prescription Drugs	
				Prescription Eyewear			Prescription Eyewear			Prescription Eyewear
SECTION 16 Alimony and Chil								_		
2. Child Support Paid to Others in 2017	3.	Estimated	Supp	ort Payments in 2018	4. Alimo	ony P	aid to Others in 2017	5.	Estin	nated Alimony Payments in 2018
SECTION 17 Day Care and/or I	Elde	erly Car	e Ex	penses (include sum	mer camp	ехр	enses)			
Do not include pre-kindergarten, as this is considered a school expense which should be listed in Section 22.	1.	Depender	t Nan	ne	3. 2017	Payn	nents	4.	Estin	nated 2018 Payments
SECTION 18 Charitable Giving	(lis	t your thr	ee la	rgest contributions)						
If you made tax deductible donations to non-profit organizations in 2017, list the three organizations you donated the most to and the amount of those donations.	1.	Charity Na	me					4.	2017	' Contributions

SECTION 19 Miscellaneous Debt (do not lis	t debt on home or propert	y, medical debt, debt for cars	, boats, or other	vehicles)
List the total outstanding dollar amount in each item. Do not include medical debt, vehicle debt, home loans, second mortgages	1. Credit Card	4. Loans—Friends or Relatives		6. Education — Parent(s)/Guardian(s)
or home equity loans. If you have more than one credit card, add all card balances together and enter the total amount. Documentation of any debt may be required.	2. Bank Loans	5. Education — Dep	pendents	7. Other Debt
5. Education — Dependents: List the total amount of education debt owed for dependants. Do not include dependents' tuition amount for the 2018–19 school year, list this amount online in Section 22.	3. Loan Companies			
7. Other Debt: List the amount of debt excluding all other debt previously listed.				
SECTION 21 Contributions to Education (2018–2019)			
1. How much (in your opinion) can Parent(s)/Guardian(s) contribute toward the tuition of all dependents in this household next year?	2. How much per year is a no law to contribute toward for financial aid with this	the education of those applying		ll any other sources contribute toward the nose applying for financial aid with this form
SECTION 23 List all Dependents in the Ho	ousehold; do not inc	:lude Parent(s)/Guardia	an(s)	
If you have more than five dependents, please see your financial aid appropriate addendum forms. Definition of "Dependent": Any child 1040 tax form is a dependent. In addition, any child who is living ir months or more per year and who is under age 18 qualifies as a decustodial parent, all children applying for financial aid should be lis living in your household and not on your taxes. Do not list Parents/9. Dependent Earnings in 2017: If a dependent held a job in 2017, Do not list Social Security income or earnings from stocks, securities.	that you can claim on your n your household for six pendent. If you are a non- ted as dependents, even if not Guardians in this section. list the earnings in this section.	 Amount Dependent Can Conexpect the dependent to contribute is reasonable for this dependent Expenses – Bus, Books, United 	tribute: If a dependen ute something toward to contribute? forms, etc.: Include ex nclude optional expe	allege Savings Plans in this figure. t is working or has savings, most schools wil d his/her own education. What do you think expenses that the school requires you to pay enses such as fees to play sports or fees for ench or gas.
Dependent 7. Dependent Earnings in 2017 8. Depen	dent Current Savings 9.	Amount Dependent can contribute from earnings/savings for school y		Expenses – Bus, Books, Uniforms, Fees, etc.
#1				
#2				
#3				
#4				
#6				

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When you are ready to fill out an online application, go to <u>www.mytads.com</u>, click on 'Financial Aid' and follow directions.

WORKSHEET DO NOT SUBMIT

Contact TADS

Online Chat, E-mail, Telephone or Fax:

We are available to assist you with questions in filling out your application or to check the status of your application through the following:

Online Chat: Go to http://www.mytads.com and click on the icon for live help. You will be connected to a TADS representative.

E-mail: support@tads.com

Toll-free: 1.800.477.8237 We are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central Time. **Telephone:** 612.548.3320 We are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central Time.

Fax Number: 612.548.3326