# 2019–2020 Support Test Form

**Student Name** ____________________________  **CWID** ____________________________

**Name of Dependent** ____________________________

The following form may be 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 Table 5 on page 12 of IRS Publication 501, Exemptions, Standard Deduction, and Filing Information.

**Funds Belonging to the Person You Supported in 2017** (January – December of 2017) and nontaxable and amounts borrowed during the base year.

1. Total funds belonging to the person you supported, including income received (taxable year, plus the amount in savings and other accounts at the beginning of the year). $________

2. Amount of line 1 used for their own support $________

3. Amount of line 1 used for other purposes $________

4. Amount of line 1 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 for entire year (Complete item a or b)
   - (a) Rent/Mortgage 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 supporting this person 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. Do not include any amounts included on line 1 for child support reported on FAFSA. $________

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.** You meet the support test for the person.

**No.** You do not meet the support test for the person.

Student signature __________________________________________ Date __________________________

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