

Section D - Household Income and Expenses

Please provide combined household income and expense information for the most recently filed federal tax year. Complete each line, entering 0 (zero) if applicable. Omit cents. In the event of a discrepancy between the line description and tax form line number, please use the description.

Form 1040 Line #	Form 1040A Line #	Item	The tax year shown below is _____ \$ Amount	If you expect any substantial changes from the tax year filed to the current calendar year, list estimated + or - \$ difference below and explain (use additional sheets if needed)
Income Items:				
7	7	Wages, salaries, tips, etc.	\$ _____	_____
8a	8a	Taxable interest	\$ _____	_____
9a	9a	Ordinary dividends	\$ _____	_____
10		Taxable refunds, credits, etc.	\$ _____	_____
11		Alimony received	\$ _____	_____
12		Business income or (loss)	\$ _____	_____
13	10	Capital gain or (loss)	\$ _____	_____
17		Rental real estate, royalties, etc.	\$ _____	_____
19	13	Unemployment compensation	\$ _____	_____
		SUBTOTAL ABOVE ITEMS	\$ _____	_____
22	15	Total income (as shown on tax form)	\$ _____	<i>(This may differ from SUBTOTAL amount)</i>
8b	8b	Tax-exempt interest	\$ _____	_____
		Student Earnings	\$ _____	_____
		<small>(Total last complete calendar year earnings for students attending WCA and applying for aid by this application)</small>		
		Welfare received (Include AFDC, ADC)	\$ _____	_____
		Food stamps received	\$ _____	_____
		Funds received for educational purposes (not elsewhere netted out of tuitions)	\$ _____	_____
		Child support received	\$ _____	_____
		<small>(Exclude any funds listed on the previous line))</small>		
		All other non-taxable income	\$ _____	_____

Questions: No. months paid work for tax year shown for:

Father (or stepfather) _____ months full-time _____ months part time Self-employed? _____

Mother (or stepmother) _____ months full-time _____ months part time Self-employed? _____

Do you expect any of these to change for the current calendar year? If so, please explain below

Expense Items (annual amounts)

FICA you paid on wages, salaries, tips \$ _____

Self employment tax paid (Form SE) \$ _____

Child support paid \$ _____

31a Alimony paid \$ _____

A 1 Medical and dental expenses you paid (premiums, copays, uninsured, etc.) \$ _____

A 5a MA state income tax paid \$ _____

