



**Completing the application online is easy, fast and secure.
Visit <http://www.mytads.com/> to begin the application.**

go»

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, 2016, even if no longer at this job

If Parents/Guardians have held more than four jobs since January 1, 2016, please see your financial aid administrator for an addendum.

If a Parent/Guardian only received a Form 1099, enter that in Section 4.

4. 2016 Wages, Tips, Other Compensation: This value can be found in Box 1 of your 2016 W-2. If you do not have your 2016 W-2 yet, use the year-to-date total off of your last December 2016 paycheck. You may fax the W-2 in later as long as it is before the application deadline.

5. 2017 Estimated Wages, Tips, Other Compensation for this job: If you estimate that your 2017 income from a job will be lower than 2016 income, please attach an explanation of why you believe that will happen.

2. Employer

4. 2016 Wages, Tips, Other Compensation

5. 2017 Estimated Wages, Tips, Other Compensation

SECTION 4 List Business, Farm, Corporation, Partnership, Trust and Miscellaneous Income since January 1, 2016

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.** 2016 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. 2016 Actual Net Profit

6. 2016 Actual Depreciation

7. 2017 Estimated Net Profit

SECTION 5 Other Monthly Income

	Monthly Social Security for:	Monthly Average Amount Received for:	Miscellaneous Monthly Income:
1. Welfare Income	3. Parent(s)/Guardian(s)	6. Child Support	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. 2016 Interest & Dividends: This value is found by adding lines 8a, 8b and 9a on your 1040 tax return form.

6. and 7. Include any income that is not accounted for elsewhere on this application.

1. 2016 Interest & Dividends

Yearly Workers' Compensation

2. Actual 2016

3. Estimated 2017

Yearly Unemployment

4. Actual 2016

5. Estimated 2017

Miscellaneous Yearly Income

6. 2016 Lump Sum

7. Recurring Yearly

SECTION 7 If You Pay Rent

Enter the amount you pay for rent alone; do not include utility expenses unless they are built in to your monthly rental payments.

1. Monthly Rent

2. Yearly Renters' Insurance

SECTION 8 Yearly Energy Expenses (renters and homeowners)

If you rent, do not include these expenses if they are already included in monthly rental payments. Homeowners should report expenses.

1. Electricity

2. Gas, Oil, Coal

3. Water, Sewage

SECTION 9 Assets and Expenses – Home

Fill out this section if you are a homeowner.

4. Current Market Value: If you have not had a recent appraisal on your property, use the most recent Real Estate Tax Assessment.

5. Amount Owed on Home Loans/Mortgages: Make sure to include any second mortgages in this figure.

10. 2016 Rental Income: Include rent or mortgage contributions from others living in home.

1. Year of Purchase

2. Purchase Price

3. Improvements/Additions

4. Current Market Value

5. Amount Owed on Home Loans/Mortgages

6. Monthly Mortgage Payment

7. 2016 Property Tax

8. 2016 Home Insurance

10. 2016 Rental Income (if not a single family dwelling)

11. 2016 Rental Expenses (if not a single family dwelling)

SECTION 10 Assets and Expenses – Real Estate other than Home

Fill out this section if you own any other properties in addition to your home, including rental properties, land, etc.

4. Current Market Value: If you have not had recent appraisals done on your properties, use the most recent Real Estate Tax Assessments.

6. Total Monthly Loan/Mortgage Payment: List total monthly mortgage or loan payments for all properties other than home.

7. 2016 Gross Property Income: List the total yearly gross income for properties other than home.

8. 2016 Gross Property Expenses: List total expenses for properties. Do not include principal paid on loan or mortgage amounts.

1. Number of Properties

2. Purchase Price of all Properties

3. Cost of Improvements/Additions

4. Current Market Value

5. Amount Owed for all Properties

6. Total Monthly Loan/Mortgage Payment

7. 2016 Gross Property Income

8. 2016 Gross Property Expenses

SECTION 11 Assets and Debt – Automobiles

Please enter market value and current debt for the vehicles that you own in items **1., 2.** and **3.,** and requested information for the vehicles that you are leasing in **4.** and **5.**

6. Yearly Total of Vehicle Insurance Cost: Please enter the yearly cost of insurance for all vehicles that you either own or lease.

Information for vehicles that you own

1. # of Vehicles

2. Total Current Market Value

3. Total Debt

Information for vehicles that you lease

4. # of Vehicles

5. Total Monthly Lease

6. Yearly Insurance Cost for All Vehicles

SECTION 12 Assets – Recreational Vehicles/Boats

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.

1. Value

2. Debt

SECTION 13 Assets – Cash, Stocks, etc.

1. Checking, Savings, Cash, CD's:
List current value of these accounts, along with cash on hand.

2. Stocks, Securities, Bonds, Mutual Funds:
List current value of these accounts.

1. Checking, Savings, Cash, CD's

2. Stocks, Securities, Bonds, Mutual Funds

SECTION 14 Assets – Retirement Plans

1. 2016 Contribution – Household: Enter the total amount that Parents/Guardians contributed towards these funds during 2016. If year 2016 contributions are still pending, please estimate total.

2. 2016 Contribution – Employer: Enter the total amount that employers of Parents/Guardians contributed toward these funds during 2016. If year 2016 contributions are still pending, please estimate total.

3. Current Total Value: Enter the total amount that these funds are worth. This value is not just the sum of **1.** and **2.**, but rather the total worth of the funds from a recent statement. If year 2016 contributions are still pending, please estimate total.

1. 2016 Contribution–Household
Self Managed (IRA, SEP, etc.):

Other Managed (401k, etc.):

2. 2016 Contribution–Employer
Self Managed (IRA, SEP, etc.):

Other Managed (401k, etc.):

3. Total Current Value
Self Managed (IRA, SEP, etc.):

Other Managed (401k, etc.):

SECTION 15 Medical Expenses

1. 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.

3. 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 2016
Medical/Dental

Prescription Drugs

Prescription Eyewear

2. Current Medical Debt
Medical/Dental

Prescription Drugs

Prescription Eyewear

3. Annual Insurance Premiums
Medical/Dental

Prescription Drugs

Prescription Eyewear

SECTION 16 Alimony and Child Support Payments

2. Child Support Paid to Others in 2016

3. Estimated Support Payments in 2017

4. Alimony Paid to Others in 2016

5. Estimated Alimony Payments in 2017

SECTION 17 Day Care and/or Elderly Care Expenses (include summer camp expenses)

Do not include pre-kindergarten, as this is considered a school expense which should be listed in Section 22.

1. Dependent Name

3. 2016 Payments

4. Estimated 2017 Payments

SECTION 18 Charitable Giving (list your three largest contributions)

If you made tax deductible donations to non-profit organizations in 2016, list the three organizations you donated the most to and the amount of those donations.

1. Charity Name

4. 2016 Contributions

SECTION 19 Miscellaneous Debt (do not list debt on home or property, 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 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.

- | | | |
|--------------------------|--------------------------------------|---|
| 1. Credit Card | 4. Loans—Friends or Relatives | 6. Education – Parent(s)/Guardian(s) |
| _____ | _____ | _____ |
| 2. Bank Loans | 5. Education – Dependents | 7. Other Debt |
| _____ | _____ | _____ |
| 3. Loan Companies | | |
| _____ | | |

5. Education – Dependents: List the total amount of education debt owed for dependents. Do not include dependents' tuition amount for the 2017-18 school year, list this amount online in Section 22.

7. Other Debt: List the amount of debt excluding all other debt previously listed.

SECTION 21 Contributions to Education (2017–2018)

- | | | |
|---|---|---|
| 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 non-custodial parent ordered by law to contribute toward the education of those applying for financial aid with this form? | 3. How much will any other sources contribute toward the education of those applying for financial aid with this form? |
| _____ | _____ | _____ |

SECTION 23 List all Dependents in the Household; do not include Parent(s)/Guardian(s)

If you have more than five dependents, please see your financial aid administrator for the appropriate addendum forms. Definition of "Dependent": Any child that you can claim on your 1040 tax form is a dependent. In addition, any child who is living in your household for six months or more per year and who is under age 18 qualifies as a dependent. If you are a non-custodial parent, all children applying for financial aid should be listed as dependents, even if not living in your household and not on your taxes. Do not list Parents/Guardians in this section.

7. Dependent Earnings in 2016: If a dependent held a job in 2016, list the earnings in this section. Do not list Social Security income or earnings from stocks, securities, etc.

8. Dependent Current Savings: Do not include 529 College Savings Plans in this figure.

9. Amount Dependent Can Contribute: If a dependent is working or has savings, most schools will expect the dependent to contribute something toward his/her own education. What do you think is reasonable for this dependent to contribute?

10. Expenses – Bus, Books, Uniforms, etc.: Include expenses that the school requires you to pay outside of tuition costs. Do not include optional expenses such as fees to play sports or fees for other extracurricular activities, or expenses such as lunch or gas.

Dependent Number	7. Dependent Earnings in 2016	8. Dependent Current Savings	9. Amount Dependent can contribute to education from earnings/savings for school year 2017-18	10. Expenses – Bus, Books, Uniforms, Fees, etc.
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____

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When you are ready to fill out an online application, go to www.mytads.com, 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