Phone: 607-777-2428 Fax: 607-777-6897

CHILD SUPPORT REPORTING FORM

Please report the amount of child support you paid and/or received in each specific calendar year or years, as indicated below. Each year checked must be reported on its own line.

Print Student's Name:	
B-Number:	
Child support received:	
☐ In the 20 calendar year, I received \$	in child support for my children.
In the 20 calendar year, I received \$	in child support for my children.
Child support paid:	
In the 20 calendar year, I paid \$separation or as a result of a legal requirement.	in child support because of a divorce or
In the 20 calendar year, I paid \$separation or as a result of a legal requirement.	in child support because of a divorce or
I certify that the information provided on this form is true and correct to the best of my knowledge.	
Parent Printed Name:	Parent DOB:
Parent Signature:	Date:

CHSUP Revised 12/26/2023