

**Whitworth University Financial Aid Office**  
 300 West Hawthorne Road, Spokane, WA 99251 509.777.3215  
 509.777.4601 (fax)

**PARENT'S ESTIMATED YEAR INCOME FORM**

\_\_\_\_\_  
 (STUDENT'S PRINTED NAME)

\_\_\_\_\_  
 (STUDENT I.D. )

In order to get a better understanding of your financial resources in the coming year, please complete the following information.

**(Please place a "0" in the blank for zero amounts-do not leave any space incomplete).**

**TAXABLE INCOME:**

**Calendar Year 2009**

Estimated Income to be earned from work by the father: \$ \_\_\_\_\_

Estimated Income to be earned from work by the mother: \$ \_\_\_\_\_

Other est. taxable income:(ie,-interest, pensions, unemployment, bonus, severance package etc.) \$ \_\_\_\_\_

Type(s) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**NONTAXABLE INCOME AND BENEFITS:**

**Calendar Year 2009**

Payments to tax-deferred pension and savings plans \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Pre-taxed Retirement Plans (Keogh, 401K, IRA, etc) \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Child Support Received \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Tax Exempt Interest \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Untaxed portions of IRA distributions \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Untaxed portions of pensions \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Housing, Food or Living Allowance \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Veterans' noneducation benefits \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Other untaxed income not reported elsewhere \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

Money received, or paid on your behalf, not reported elsewhere on form \$ \_\_\_\_\_/mo \$ \_\_\_\_\_

**EXCLUDABLE INCOME/BENEFITS:**

Education Credits (Hope and Lifetime Learning Tax Credits) \$ \_\_\_\_\_

Child support **paid** out because of divorce or separation \$ \_\_\_\_\_

Taxable earning from need-based employment programs, such as Federal Work-Study \$ \_\_\_\_\_

Student grant & scholarship aid reported to IRS in adjusted gross income \$ \_\_\_\_\_

Combat pay or special combat pay \$ \_\_\_\_\_

**ESTIMATED FEDERAL INCOME TAX:**

Estimated Federal Income Tax: \_\_\_\_\_ Check here if you would like us to estimate it. \$ \_\_\_\_\_

**Lost your medical insurance coverage?** If yes, indicate your 12-month estimated medical insurance costs \$ \_\_\_\_\_

\*\*\*\*\*

Please explain why the Financial Aid Office should base your student's financial aid award on your estimated 2009 year income.

(If you need more space, please use back side of this form): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the above information is true and correct. **I understand that I am required to inform you of any changes in my financial status.**

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Daytime Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_