

**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.  
**(All lines left blank will be understood to equal zero).**

**TAXABLE INCOME:**

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) _____	\$ _____
_____	\$ _____

**Calendar Year 2010**

**UNTAXED INCOME AND BENEFITS:**

		<b>Calendar Year 2010</b>
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 (excluding military)	\$ _____/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 <b>paid</b> 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	\$ _____
Earnings from work under a cooperative education program offered by a college	\$ _____

**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 (Jan. 2010-Dec. 2010) estimated medical insurance costs \$ \_\_\_\_\_

\*\*\*\*\*

Please explain why the financial aid office should base your student's financial aid award on your estimated 2010 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: \_\_\_\_\_