

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

STUDENT'S ESTIMATED YEAR INCOME FORM
TO BE USED PRIOR TO START OF ACADEMIC YEAR ONLY

 (STUDENT'S PRINTED NAME)

 (STUDENT I.D. #)

 (DATE)

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 you (student):		<u>Calendar year 2010</u>
Estimated Income to be earned from work by your spouse:		\$ _____
Other est. taxable income: (ie- interest, pensions, unemployment, bonus, severance package etc.)		\$ _____
Type(s): _____		\$ _____
_____		\$ _____
Total:		\$ _____

UNTAXED INCOME AND BENEFITS:

		<u>Calendar year 2010</u>
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 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		\$ _____
Earnings from work under a cooperative education program offered by a college		\$ _____

ESTIMATED FEDERAL INCOME TAX:

Estimated Federal Income Tax (for 12 months): _____ Check here if you would like us to estimate it. \$ _____

Lost your medical insurance coverage? If yes, indicate your 12-month (January 2010-December 2010) estimated medical insurance costs \$ _____



Please explain why the Whitworth Financial Aid Office should base your financial aid award on your estimated 2010 year income. (If you need additional space, please use the back 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.

Student's signature: _____ Date: _____

Daytime phone #: (_____) _____ E-mail address: _____