

**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. **(Do not leave any empty spaces - print a "0" in the blank for zero amounts.)**

**TAXABLE INCOME:**

**Calendar year 2009**

Estimated Income to be earned from work by you (student):	\$ _____
Estimated Income to be earned from work by your spouse:	\$ _____
Other est. taxable income:(ie- interest, pensions, unemployment etc.)	_____
Type(s): _____	\$ _____
	\$ _____
Total:	\$ _____

**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	\$ _____
Untaxed portions of IRA distributions	\$ _____/mo	\$ _____
Untaxed portions of pensions	\$ _____/mo	\$ _____
Housing, Food, or Living allowance	\$ _____/mo	\$ _____
Tax Exempt Interest	\$ _____/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	\$ _____

**ESTIMATED FEDERAL INCOME TAX:**

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

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 Please explain why the Financial Aid Office should base your financial aid award on your estimated 2009 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: \_\_\_\_\_