

PEST

**Parents' Estimated Income Form
2009-2010**

Student's Full Name: _____ **University ID:** -
 (LEGAL NAME - PRINT) first middle last

Complete this form with income information for Calendar Year 2009.

	<u>Actual 2009 Income</u> 1-01-09 to _____ (Today's Date)	+	<u>Estimated 2009 Income</u> _____ to 12-31-09 (Today's Date)	=	<u>Total</u>
<u>Taxable Income:</u>					
Father's Wages/or Salaries	\$ _____	+	\$ _____	=	\$ _____
Mother's Wages/Salaries	\$ _____	+	\$ _____	=	\$ _____
Interest and Dividends	\$ _____	+	\$ _____	=	\$ _____
Taxable IRA/pension/annuities	\$ _____	+	\$ _____	=	\$ _____
Severance Pay	\$ _____	+	\$ _____	=	\$ _____
Unemployment Compensation/Benefits	\$ _____	+	\$ _____	=	\$ _____
Alimony/Spousal Support	\$ _____	+	\$ _____	=	\$ _____
Social Security Benefits (taxable portion only)	\$ _____	+	\$ _____	=	\$ _____
Other Taxable Income: _____ (e.g., business, investment farm, capital gains)	\$ _____	+	\$ _____	=	\$ _____
	<u>Total 2009 Taxable Income</u>				\$ _____
<u>Untaxed Income and Benefits:</u>					
Child Support	\$ _____	+	\$ _____	=	\$ _____
Welfare Benefits (including TANF)	\$ _____	+	\$ _____	=	\$ _____
Worker's Compensation/Employer Disability	\$ _____	+	\$ _____	=	\$ _____
Untaxed IRA/pension/annuities (excluding rollovers)	\$ _____	+	\$ _____	=	\$ _____
Tax exempt interest income	\$ _____	+	\$ _____	=	\$ _____
Social Security Benefits (untaxed portion only)	\$ _____	+	\$ _____	=	\$ _____
Additional Child Tax Credit	\$ _____	+	\$ _____	=	\$ _____
Payments to tax-deferred pension and savings plans	\$ _____	+	\$ _____	=	\$ _____
Foreign Income Exclusion	\$ _____	+	\$ _____	=	\$ _____
Housing and Living Allowances (paid to members of military and clergy; payments or cash value)	\$ _____	+	\$ _____	=	\$ _____
Cash received, or any money paid on your behalf	\$ _____	+	\$ _____	=	\$ _____
Other Untaxed Income: _____	\$ _____	+	\$ _____	=	\$ _____
	<u>Total 2009 Untaxed Income</u>				\$ _____

I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I also understand that if I give false or misleading information, my child's financial aid may be terminated.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____