



Dependent Estimated Income Worksheet

Student's Name: _____

WES ID: _____ Class: _____

This worksheet will help you project your estimated 2016 family income. It is designed for families who will experience significantly lower income in 2016 than in 2015 due to unemployment, illness, or other significant employment change. Not all questions will apply to every family. Please indicate by marking "N/A" (not applicable) next to those questions. **Attach copy of last or most recent paycheck stub.**

Give the name and phone number of someone in your family who can usually be reached during normal business hours in case we need to clarify any items on this worksheet.

Name _____ Phone (____) _____

If laid off or terminated, list your 2016 income up to your termination date (also include this amount as wages on page 2) _____

Amount of separation pay or accrued vacation and sick leave you received or will receive in 2016 (also include this amount as wages on page 2): _____

Estimated 2016 (full year) income:

(Please explain losses or negative income on a separate page.)

Total wages, salaries and tips – parent 1/stepparent _____
** Attach copy of last or most recent paycheck stub*

Total wages, salaries and tips – parent 2/stepparent _____
** Attach copy of last or most recent paycheck stub*

Interest Income _____

Dividend income _____

Unemployment compensation _____
 _____ # of weeks X _____ weekly amount

Net income from self-employment, farm, rents, partnerships, etc. _____
** If self-employed, attach copy of current Cash Flow and Balance Sheet*

Other taxable income such as pensions, alimony, capital gains/losses, withdrawals from retirement plans, etc. _____

Total 2016 Taxable Income: \$ _____

Social Security benefits (include amounts received for dependent children, not including student) _____

Child support received _____

Other non-taxable income (such as disability, untaxed portion of pensions, VA benefits, withdrawals from retirement plans) _____

Contribution to retirement plans (such as IRA, 401(k), or 403(b) voluntary annuity contributions) _____

Total 2016 Non-Taxable Income: \$ _____

Grand Total Estimated 2016 Income: \$ _____

Include with this worksheet any additional documentation of your estimated 2016 income which may be appropriate.

2016 Expenses (per month)

Mortgage/Rent (circle which) _____

Real Estate/Excise Taxes _____

Utilities _____

Heating/Cooling _____

Electric _____

Landline Phone _____

Cell Phone _____

Internet _____

Cable/Satellite _____

Food _____

Loan Payments (specify Purpose)

Unreimbursed Medical/Dental Expenses _____

Insurance Premiums (car, medical, etc.) _____

Commuting/Transportation _____

Child Care _____

Alimony Payment _____

Education (not including Wesleyan) _____

Child Support Payment _____

Credit Cards (specify source and payment amount)

Other (specify) _____

TOTAL MONTHLY EXPENSES \$ _____

Please note: If your total expenses are greater than your total income, please explain on the back how you are meeting those expenses.

CERTIFICATION: All information on these three pages is true and complete to the best of our knowledge.

Parent 1/Stepparent's signature _____ Date _____

Parent 2/Stepparent's signature _____ Date _____