

PEST (AY 2018)

**Parent Estimated Income Form
2017-2018**

Purpose of Form

The Parent Estimated Income Form is used to document parent(s)' income, both taxed and untaxed, for the 2017 calendar year, and may be submitted with some Appeals for Reconsideration **Please remember to submit the most recent year to date paystubs with this signed form. Additional documentation may be requested after review of this document.**

General Instructions

Table A: Taxable Income

On this table, report all sources of parent taxed income for 2017.

In Column A, report the total amount of income already received from January 1, 2017 through the day that you sign and complete this form, from each of the sources listed (wages, rental income, taxable interest, etc.). This is considered actual income. In Column B, report the total amount of income that your parent(s) expect to receive from the day that you sign and complete this form through December 31, 2017, from each source. This is considered estimated income.

Be sure to report all sources of income including those from foreign sources.

Example Table A: Taxable Income

TABLE A: TAXABLE INCOME	Column A: Actual Income	Column B: Estimated Income
GROSS INCOME (BEFORE ANY DEDUCTIONS) IN 2017	01/01/2017 to TODAY	TODAY through 12/31/2017
Parent/Step-Parent 1's gross wages and salaries from work	\$7025	\$1500
Parent/Step-Parent 2's gross wages and salaries from work	\$900	\$0

In the last row of Table A, enter the sum of all values reported in Column A, and the sum of all values reported in Column B.

TOTAL TAXABLE INCOME IN 2017	Total of Column A \$7925	Total of Column B \$1500
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Table B: Untaxed Income and Benefits

On this table, report all sources of parent untaxed income for 2017.

In Column A, report the total amount of income already received from January 1, 2017 through the day that you sign and complete this form, from each of the sources listed (child support, tax exempt interest, housing allowance, etc.). This is considered actual income. In Column B, report the total amount of income that your parent(s) expect to receive from the day that you sign and complete this form through December 31, 2017, from each source. This is considered estimated income.

Be sure to report all sources of income including those from foreign sources.

Example Table B: Untaxed Income and Benefits

TABLE B: UNTAXED INCOME AND BENEFITS	Column A: Actual Income	Column B: Estimated Income
GROSS INCOME IN 2017	01/01/2017 to today	Today through 12/31/2017
Child support received for all children in household	600	\$200
Workers' compensation/Disability not from Social Security	\$0	\$480

In the last row of Table B, enter the sum of all values reported in Column A, and the sum of all values reported in Column B.

TOTAL UNTAXED INCOME IN 2017	Total of Column A \$600	Total of Column B \$680
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Adjustments to a financial aid award as a result of submitting an Appeal for Reconsideration are neither guaranteed nor immediate and depend upon the availability of funding. Forms received without the appropriate signature(s) or with missing information are considered incomplete and will not be reviewed.

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Student's University ID: - or SIS ID:

TABLE B: UNTAXED INCOME AND BENEFITS	Column A: Actual Income	Column B: Estimated Income
GROSS INCOME IN 2017	01/01/2017 to today	Today through 12/31/2017
Child support received for all children in household		
Payments to tax-deferred pension and savings plans		
Untaxed IRA/pension/annuities (excluding rollovers)		
Tax exempt interest income		
Social Security or Disability from SSA (untaxed only)		
Workers' Compensation/Disability not from Social Security		
Welfare benefits (including TANF)		
Additional Child Tax Credit		
Foreign Income Exclusion		
Housing and Living Allowances		
Cash received or any money/bills paid on your behalf. This includes expenses paid by a non-custodial parent, such as a mortgage, insurance, car payments, etc.		
Cash assistance from family and friends, including outside the U.S.		
Other income from foreign sources not reported above		
Other untaxed income (Sources: _____)		
TOTAL UNTAXED INCOME IN 2017	Total of Column A	Total of Column B
	\$	\$

CERTIFICATION STATEMENT: 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 understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

PARENT SIGNATURE _____ Date _____