

**PARENT PROJECTED INCOME
TAX YEAR 2023**

Student's Name _____ NDId _____
Last First

Your **2023/2024** financial aid is based on **2021** income reported on the financial aid applications. If your parents experienced a reduction in income or loss of employment that may reduce their anticipated income for **2023** or limits their ability to contribute towards your educational expenses, you may request a review of your circumstances.

Please provide the following (if applicable):

- **2021** and **2022** federal tax returns with W-2 statements (if not already on file with our office)
- Termination letter or letter verifying reduction in salary
- Documentation of severance package and accrued vacation/sick days
- Documentation of unemployment benefits received
- [Monthly Expense Statement](#)

Name of individual experiencing the wage loss/unemployment _____

Date when unemployment*/reduced income began (if applicable) _____

*the earliest we will consider a request for reevaluation due to unemployment will be 12 weeks from the date of termination

| ESTIMATED TAXABLE INCOME | 2023 |
|---|------|
| Parent 1 taxable wages | \$ |
| Parent 2 taxable wages | \$ |
| Interest and dividends | \$ |
| Net income from business, farm, rents, royalties, partnerships, estates, trusts, or gains | \$ |
| Other taxable income such as alimony, severance pay, capital gains | \$ |
| IRA/Pension Distribution: (total _____ rollover _____) | \$ |
| Unemployment compensation | \$ |
| Other Sources: | \$ |
| TOTAL INCOME | \$ |
| ESTIMATED UNTAXED INCOME | 2023 |
| Your contributions to tax-deferred retirement plans: 401(k), 403(b), 457, 414(h), etc. | \$ |
| Deductible IRA, SEP, SIMPLE, and qualified plans | \$ |
| Child support received for all children | \$ |
| Other Sources: | \$ |
| ESTIMATED 2023/2024 FAMILY CONTRIBUTION TO STUDENT'S EXPENSES | |
| Parent(s)' contribution | \$ |
| Student's contribution (savings, earnings) | \$ |

I/We certify the information listed above is a complete and accurate breakdown of all estimated income, taxed and untaxed, for the calendar year **2023**. I/We further certify that if any of the above information changes, I/We will notify the Office of Financial Aid in writing of the changes. **Electronic signatures are not acceptable.**

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our [secure document upload portal \(go.nd.edu/fa-forms\)](https://go.nd.edu/fa-forms).