

**DO NOT SUBMIT THIS FORM UNTIL AT LEAST SIX WEEKS
AFTER A CHANGE IN INCOME HAS OCCURRED
AND NO EARLIER THAN FEBRUARY 15, 2022**

**Parent 2022 Estimated Year Income Statement
2022--2023**

| | |
|------------------------|--|
| Student's Name: | |
| Address: | |
| City/State/Zip: | |

This information is to be completed by the parent(s) of the student. If the custodial parent has remarried, the step-parent's income must also be included. Reflect all employment places that you have worked during 2022, include total earnings to date before tax withholdings. If you have not already done so, **please provide a written explanation** detailing why you expect a reduction in income during the 2022 calendar year. All documents should be submitted directly to the Office of Financial Aid at the address or fax number listed at the bottom of the page.

Name of affected parent(s) _____

Date reduction in income began _____ If applicable, date returned to work _____

If including copies of last pay stub(s), how often were you paid? Weekly Twice a month Monthly

Report **ACTUAL** earnings from January 1, 2022 through TODAY. Project **ANTICIPATED** earnings from TODAY to the end of the calendar year. Do not leave questions blank; enter the appropriate numbers or \$0 when no income is received. We will calculate estimated federal, state, and local taxes, as well as FICA and Medicare taxes, based on the information you provide.

| Income for January 1, 2022 to December 31, 2022 | ACTUAL amount from Jan 1, 2022 through TODAY | ANTICIPATED amount from TODAY through Dec 31, 2022 | TOTAL |
|--|---|---|--------------|
| Parent 1's Gross Earnings (Wages) | | | |
| Parent 2's Gross Earnings (Wages) | | | |
| Business Income (or Loss) | | | |
| Parent's(s)' Unemployment Benefits | | | |
| Other taxable family income (which may include, but is not limited to dividends, interest, pensions, alimony, taxable social security benefits, capital gains and severance payments) | | | |
| Untaxed income and benefits (which may include, but is not limited to child support, TANF, Military or Clergy living allowances and veteran's non-education benefits) | | | |
| TOTALS | | | |

My signature below signifies that the information provided for this appeal is true to the best of my knowledge. I understand that I must provide required verification documents such as the 2020 and 2021 federal income tax returns and W-2 statements in order to process this request.

Parent signature _____ Date _____

Upload this completed form to: https://admissions.kenyon.edu/register/upload_finaid_docs

Or return to:

Kenyon College
Office of Financial Aid
Edelstein House
Gambier, Ohio 43022-9623
Fax: 740-427-5240