

Please list anticipated income for 20 2 below. For any request for review, verification must be completed. Please submit signed copies of your 2020 Federal Tax Return Transcript, including all Schedule V D Q G : V L I Q R W D O U H G V X E P L W W H , W L V B S I X O W R X V W D U H X U Q V D Q G s when completing this form. Complete the V-1 Verification Worksheet available at <http://www.ju.edu/financialaid/forms.php>

ESTIMATED TAXABLE INCOME	20 2
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Student taxable wages on projected tax return	
Spouse taxable wages on projected tax return	
Interest and dividends	
Rental/business/capital losses	
Rental/business/capital gains	
IRA/Pension: (total rollover)	
Unemployment compensation	
Other (source:)	

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REQUIRED SUPPORTING DOCUMENTATION

_____ 2020 Federal tax return transcript for student

_____ 2020 Federal tax return transcript for parent(s)

Involuntary Loss/Reduction of Work Income (at least 3 months)

_____ Termination Letter

_____ Unemployment compensation letter stating weekly payment and term of eligibility (i.e. \$200 per week for 26 weeks, beginning October 1, 2020)

_____ Year to date earnings from terminated job, i.e. last pay stub

_____ ~~H DUWRGDWHH DUQLQVIURPVSRXHVMRELHODVWSDVW~~

_____ Severance paperwork (payment made by employer at the time of or extended timeframe by the employer)

Involuntary Loss of Unemployment or some Untaxed Income or Benefit

_____ State of unemployment expiration dated within the base year

_____ ~~(FHVVLYHPHGLFDOELOOVHFHHGLQRIWKHIDPLOW\$QRWLQFOHGRQWDHV~~

_____ Copies of billings not covered by insurance, not included on taxes, and PAID by tax filer within the year of tax filing

Death RISDUHQWRUVWQHQWVSRXH

_____ Death certificate

_____ Year to date earnings of deceased, i.e. last pay stub

FOR OFFICE USE ONLY:		_____ Approved	_____ Denied
Adjustments			
Counselor Signature		Date	
Director Signature		Date	