

24.

Itemized Deductions:

IRS Form 1040 - Line 40 (if any)



2008-2009 College Financial Data Form

		90		
Client Name:				
Parent Email Address:				
(For parent correspondence)				
Sect	ion One: St	ud <u>ent</u>	Information	
		11.	Is the student married?	Y/N
1. Student's Name:			If yes, please complete 11-13	
Last, First, Middle Initial		10	Charles to Consulate Name	
2 Ctract Address.		12.	Student's Spouse's Name:	
2. Street Address:	act of the year	12	Chausale Data of Birth.	
Enter the address where the student lives m	ost of the year.	13.	Spouse's Date of Birth:	
3. City, State, ZIP:		14.	Spouse's SSN:	
3. City, State, ZIP:		14.	Spouse's 33N.	
4. Home Phone:		15.	Does the Student have Childre	en? Y/N
1. Home mone.		13.	If yes, number of children:	1714
5. Student's SSN:*			jos, nambor of ormator.	
or ordanic som		16.	Has the student ever been	
6. Student's Date of Birth:*		10.	convicted of a drug offenses?*	Y/N
	IM/DD/YYYY)			
		17.	Date of State Residency:	
7a. Student's High School:			,	(MM/DD/YYYY)
7b. Type of School Pub	olic / Private	18.	Standardized Test Scores*	
			SAT Verbal/Critical Rea	ding:
8. Student's H.S. Grad year:			SAT M	lath:
			SAT Writ	ting:
9a. Driver's License No.:*			, l	ACT:
9b. State:*				
		19.	If the student is male and is a	
10. Is the student a US citizen? *	Y / N		least age 18, is he registered	
If no, enter Alien Reg. No.			Selective Service?*	Y/N
Please note: Estimates are perfectly accept first in line pertaining to financial aid. You of the state of th	able. We always use can use last year's figu	estimates	_	ns so that the student is
Already filed	Will file, but	have not co	mpleted Will not file]
	-			=
21. Student's Earned Income:	\$			
	(W-2 Wages)		ntaxed Income & Benefits:	
22. Student's Unearned Income:	\$		tudent's Contribution to	
Interest, Dividends, etc.			IRA/Tax Deferred Plans:	\$
23. Student's Adjusted Gross Income:	\$	b. S	ocial Security Benefits:	\$

\$

c. Other Untaxed Income:

\$

(Specify)

Section Three: Student's College Choices

27. 28. 29. 30. 31. 32. 33. 34. 35. 36. Comments or Special Circumstances ypes of schools younger siblings are interested in or potentially going to atter- 28. 29. 29. 29. 20. 20. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	26.		
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		siblings are interested in or potent	
			siblings are interested in or potent

38. On a **MONTHLY BASIS**: How much can you comfortably contribute towards **your student's** college expenses?

Please do not put zero

39. On a **MONTHLY BASIS**: What does it cost to run your household? (i.e. Expenses)





Section Four: Parent & Family Information

Father's Information

40.	Father's Full Name:	41.	Number of years with employer:		
	Enter N/A if not applicable				
		43.	Work Phone Number:		
42.	Father's Date of Birth:				
		45.	Father's Highest Educational Level:		
44.	Father's SSN:				
		47.	Have you changed jobs in the last 5 y	ears?	Y/N
46.	Father's Occupation:		Do you plan to?		Y/N
48.	Father's Employer:			·	

Mother's Information

49.	Mother's Full Name:	50	Number of years with employer:		
	Enter N/A if not applicable				
		52.	Work Phone Number:		
51.	Mother's Date of Birth:				
		54.	Mother's Highest Educational Level:		
53.	Mother's SSN:				
		56.	Have you changed jobs in the last 5 y	ears?	Y/N
55.	Mother's Occupation:		Do you plan to?		Y/N
57.	Mother's Employer:				

Family Information

58.	Parent's	s Marital Status:	59.	Date:	(MM/YYYY)
i					
		Married / Remarried			
		Separated			
		Divorced			
		Widowed			
		Never Married			
63.	Parent's	date of state residency	' :		
				(MM/	DD/YYYY)
65.	Number	in College 2008-09 sch	ool	year:	
	Enter the number of family members who will attend college at least halftime for one or more academic periods in the 2008-2009 school year.				
	Always include the student. DO NOT include parents.				
67.	Number	in Household:			
69.	Pre-Coll				
		of pre-college children in hou	isehol	d	
	(do not i	include student)			

60.	Do you own your home?	Y / N
61.	How would you describe your	
	credit rating?	
	Excellent / Good / Fair / P	oor
62.	Do you have a will?	Y/N
	Date will was signed:	
Opt	ional— for college/scholarship eligi	bility only
64.	What is your family's religious preferer	nce?
66.	What is the name of your family's place	e
	of worship?	
68.	What race/ethnicity does your family consider itself?	

Section Five: 2008/2009 Parents Income Information

Please note: Estimates are perfectly acceptable. We always use estimates to complete the financial aid forms so that the student is first in line pertaining to financial aid. You can use last year's figures as a reference.

	2008	2009			2008	2009
Father's Earned Income:	\$	\$	80.	Elementary/Secondary School Tuition		
Box 5, W-2	(W-2 wages only)	(W-2 wages only)		For the student -		
			a.	Parent's contribution:	\$	\$
Mother's Earned Income:	\$	\$	b.	Tuition scholarships/grants:	\$	\$
Box 5, W-2	(W-2 wages only)	(W-2 wages only)				
				All other siblings-		
Parent's Other Taxable Income:	\$	\$	C.	Parent contribution:	\$	\$
Business, Self-Employment, or Schedule C			d.	Tuition scholarships/grants:	\$	\$
IRA Contributions:	\$	\$				
				Un-reimbursed	\$	\$
			81.	Medical/Dental Expenses:		
Contributions to Retirement Accts.: 401(k), 403(b), etc.	\$	\$		DO NOT include health ins premiums!		
Untaxed Social Security Benefits:	\$	\$	82.	Child Support Paid:	\$	\$
Parent's Adjusted Gross Income:	\$	\$	83.	Child Support Received:	\$	\$
Itemized deductions:	ф	¢.		Manhania Canananatian	Φ.	_
IRS Form 1040 – Line 40	\$	>	84.	worker's Compensation:	\$	\$
Other Untaxed Income:					\$	\$
(Specify)	\$	\$	85.	Unemployment Benefits:	Φ	φ
Total income tax:	\$	\$	86.	Housing Allowance:	\$	\$
IRS Form 1040 – Line 63				Housing, food, and other living		
	Mother's Earned Income: Box 5, W-2 Parent's Other Taxable Income: Business, Self-Employment, or Schedule C IRA Contributions: Contributions to Retirement Accts.: 401(k), 403(b), etc. Untaxed Social Security Benefits: Parent's Adjusted Gross Income: Itemized deductions: IRS Form 1040 – Line 40 Other Untaxed Income: (Specify) Total income tax:	Father's Earned Income: Box 5, W-2 Mother's Earned Income: Box 5, W-2 Mother Taxable Income: Business, Self-Employment, or Schedule C IRA Contributions: Contributions to Retirement Accts.: 401(k), 403(b), etc. Untaxed Social Security Benefits: Parent's Adjusted Gross Income: Itemized deductions: IRS Form 1040 – Line 40 Other Untaxed Income: (Specify) Total income tax: \$ (W-2 wages only) (W-2 wages only) (W-2 wages only) (W-2 wages only) (W-2 wages only) (W-2 wages only) (W-2 wages only) (W-2 wages only)	Father's Earned Income: Box 5, W-2 Mother's Earned Income: Box 5, W-2 (W-2 wages only) Mother's Earned Income: Box 5, W-2 (W-2 wages only) (W-2 wages only) (W-2 wages only) Parent's Other Taxable Income: Business, Self-Employment, or Schedule C IRA Contributions: Contributions to Retirement Accts.: 401(k), 403(b), etc. Untaxed Social Security Benefits: Parent's Adjusted Gross Income: S Itemized deductions: IRS Form 1040 – Line 40 Other Untaxed Income: (Specify) Total income tax: \$ \$ **Total income tax: \$ \$ **Total income tax: \$ \$ **Total income tax: **Total income t	Father's Earned Income: Box 5, W-2 (W-2 wages only) Mother's Earned Income: Box 5, W-2 (W-2 wages only) A. Mother's Earned Income: Box 5, W-2 (W-2 wages only) (W-2 wages only) (W-2 wages only) Parent's Other Taxable Income: Business, Self-Employment, or Schedule C IRA Contributions: Contributions: Untaxed Social Security Benefits: Untaxed Social Security Benefits: Parent's Adjusted Gross Income: S Business, Self-Employment, or Schedule C IRA Contributions: S Business, Self-Employment, or Schedule C IRA Contributions: S Business, Self-Employment, or Schedule C Business, Self-Employment	Father's Earned Income: Box 5, W-2 (W-2 wages only) (W-2 wages only) (W-2 wages only) Mother's Earned Income: Box 5, W-2 (W-2 wages only) (W-2 wages only) (W-2 wages only) All other siblings- Parent's Other Taxable Income: Business, Self-Employment, or Schedule C IRA Contributions: \$ Un-reimbursed Medical/Dental Expenses: Contributions to Retirement Accts.: 401(k), 403(b), etc. Untaxed Social Security Benefits: Untaxed Gross Income: \$ \$ 82. Child Support Paid: Untaxed Geductions: RS Form 1040 – Line 40 S Unemployment Benefits: Total income tax: \$ Unemployment Benefits: * * * * * * * * * * * * *	Father's Earned Income: Box 5, W-2 (W-2 wages only) (W-2 wages only) (W-2 wages only) Box 5, W-2 (W-2 wages only) (W-2 wages only) Box 5, W-2 (W-2 wages only) All other siblings- Box 5, W-2 (W-2 wages only) All other siblings- Parent's Other Taxable Income: Business, Self-Employment, or Schedule C IRA Contributions: Contributions to Retirement Accts.: A01(k), 403(b), etc. Un-reimbursed Box 5, W-2 Un-reimbursed Business, Self-Employment, or Schedule C Shadical/Dental Expenses: Contributions to Retirement Accts.: Shadical/Dental Expenses: Do NoT include health ins premiums! Child Support Paid: Itemized deductions: IRS Form 1040 – Line 40 Shadical/Dental Expenses: Un-reimbursed Box 5, W-2 Un-reimbursed Box 6, Wedical/Dental Expenses: Do NoT include health ins premiums! Child Support Paid: Worker's Compensation: Unemployment Benefits: Shadical/Dental Expenses: Do NoT include health ins premiums! Unemployment Benefits: Shadical Support Received: Unemployment Benefits: Shadical Support Received: Shadic

Asset Information Summary

List Retirement Account information in the identified section below**
Please include UTMA/UGMA (custodial accounts) as student assets

		include of mia/odma (custodial accounts) as student assets					
		Parent(s) Student		Sibl	ing(s)		
		<u>Value</u>	<u>Debt</u>	<u>Value</u>	<u>Debt</u>	<u>Value</u>	<u>Debt</u>
87.	Cash, Checking, Savings:	\$		\$		\$	
88.	Certificates of Deposit:	\$		\$		\$	
89.	Treasury Bills:	\$		\$		\$	
90.	Money Market Funds:	\$		\$		\$	
91.	Mutual Funds:	\$		\$		\$	
92.	Stocks:	\$	\$	\$	\$	\$	\$
93.	Bonds:	\$	\$	\$	\$	\$	\$
94.	Tax Exempt Bonds:	\$		\$		\$	
95.	Annuities (non-qualified):	\$	\$	\$	\$	\$	\$
96.	Trust Funds:	\$	\$	\$	\$	\$	\$
97.	Limited Partnerships:	\$		\$		\$	
98.	Business Assets:	\$	\$	\$	\$	\$	\$
99.	Farm Assets:	\$	\$	\$	\$	\$	\$
	86a. Do you live on farm	? Y / N	86b. Did you	file IRS Schedu	ule F? Y/N		
100.	Pre-paid Tuition Accts.:	\$		\$		\$	
101.	Other Assets:	\$	\$	\$	\$	\$	\$

Section Six: Debt/Liability Obligations ASSETS: HOME

102.

Purchase Price: \$	Year of Purchase:		Present Value: \$	
*If you own additional real estate, please list on separate sheets.				
		MDV (office use only):	\$	

103.

Liabilities (Debt)

<u>Type</u>	Monthly Payment*	<u>Current Balance</u>
1 st Mortgage (Principal/Interest Only):	\$	\$
2 nd Mortgage:	\$	\$
Home Equity/Line of Credit:	\$	\$
Car Loans:	\$	\$
Credit Cards:	\$	\$
Other Debt:	\$	\$
Life Insurance:	\$	

Section Seven: Retirement Asset Information

Enter net asset value (asset value – asset debt)

104.

RETIREMENT ACCOUNT(S) SUMMARY					
TOTAL VALUE					
	<u>Father</u>	Mother			
IRA:	\$	\$			
401(k):	\$	\$			
403(b):	\$	\$			
Pension Fund:	\$	\$			
Annuities (qualified):	\$	\$			
Rollover:	\$	\$			
Keogh/SEP/Simple:	\$	\$			
Monthly Contribution:	\$	\$			
(\$ or % amt.)	%	%			
Employer Match:	\$	\$			
(\$ or % amt.)	%	%			

•	Would you	like to see an income estimate for your current personal retirement funds and contributions?
	i.	Yes No
	ii.	At what age do you anticipate retiring?
	iii.	What percent of growth do you anticipate on your retirement funds? (circle one) 3% 4% 5% 6%

105

Section Eight: Family Members

Family Member Listing – Give Information for all family members. Always include parents.

Full Name of Family member	Date of Birth mm/dd/yyyy	Name of School or College (2008 - 2009 School Year)	Public or Private?	Claimed by parent(s) as tax exemption for 2007?	Year in School
	Піпілаалуууу	(2000 - 2007 School Teal)	Tivato.	Y / N	301001
				Y/N	

Section Nine: Life Insurance

106	Use separate sheet for addl. policies	<u>Father</u>		<u>Mother</u>	
	Individual Insurance Policy	#1	#2	#1	#2
	Smoker or Nonsmoker:	Υ	/ N	Υ	/ N
	Type of policy: Term / Whole Life / Variable / VUL				
	Face Amount of Insurance Coverage:	\$	\$	\$	\$
	Annual premium:	\$	\$	\$	\$
	Cash Value:	\$	\$	\$	\$
	Current surrender value:	\$	\$	\$	\$

107	. Do you have term life insurance through an employer's group policy? If so, note which parent(s) are
	covered, the amount of coverage, and the cost (if any):
400	

. In the event of **death or disability**, what expenses would you prefer to have paid? For example, type an **X** under the husband's column for the expense that should be covered in the event of the husband's death.

Expense	Husband	Wife
Children(s) Education:		
Home Mortgage:		
Replaced income or Disability:		
Day care:		
Credit Card debt:		
Automobile Loans:		
Other:		

- 1		
- 1	\mathbf{u}	

Comments or Special Circumstances

List any items that would change or create an incorrect financial Snapshot from the information provided in these sheets. *Example: a change of or loss of employment.*