



Projected Year Income Form

Student Name: _____

Student ID #: _____

Total **Estimated** Income of Student's Household for 2020:

Alimony Received	\$
Business Income	\$
Child Support Received	\$
Parent(s) Disability Income	\$
Parent(s) Gross Wages for 2020	\$
Parent(s) Severance Package	\$
Parent(s) Unemployment (include additional \$600 if received)	\$
Parent(s) Social Security Benefits	\$
Parent(s) Worker's Compensation	\$
Parent(s) Pension or Retirement Distributions	\$
Rental Property Income	\$
Veteran Benefits	\$
Other Income	\$
Total Estimated 2020 Income	\$

Additional Comments:

Please enclose a copy of the first two pages of your 2020 tax returns **signed and dated**, as well as copies of all 2020 W-2s, and submit one of the following ways:

Email: finaid@endicott.edu

Fax: 978-232-2085

Mail: Endicott College

Attn: Financial Aid Office

376 Hale Street

Beverly, MA 01915