2024-2025

	NIVERSITY	Financial Assistance	Student Estima	ted Income Form
		Submit securely online: ksu.edu/sfa/upload	Deliver in person: 119 Anderson Hall 919 M Manhattan, Kansas 66506-	
Student's Name (Last, First, MI)			Wildcat Identification Number	
Stu	dent's K-State Email Address		Student's Phone Number	
Ρlϵ	ease complete the following	j:		
1)	f married (or remarried) and you filed 2022 taxes jointly with your spouse, submit copies of both your and your spouse's 2022 W-2(s).			
2)	Submit a letter from your or your spouse's former employer documenting the last day of employment , such as a resignation, termination or separation letter. This letter must be on official letterhead from the employer. If working for the same employer as in 2022 but making less income, have the employer explain in a letter why less is being earned now (i.e. change of position, lowered wage, working less hours, etc.).			
3)	The most recent year-to-daA statement of severance	ate paystub(s).	umentation may be requested upor r your spouse's former employer (if	
4)	 A statement of unemployr Below, estimate only the income 			аррисавісу.
_	• •	ment benefits (if applicable). for the person who has experience		аррисале,
E	Below, estimate only the income	ment benefits (if applicable). for the person who has experience		Spouse
E	Below, estimate only the income	ment benefits (if applicable). for the person who has experience	ed the loss of income.	
E 0	Below, estimate only the income stimated Income for January 1, ources of Taxable Income	ment benefits (if applicable). for the person who has experience	ed the loss of income.	
	Below, estimate only the income stimated Income for January 1, sources of Taxable Income Gross earnings from work	ment benefits (if applicable). for the person who has experience , 2024 - December 31, 2024	ed the loss of income.	
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	Below, estimate only the income stimated Income for January 1, sources of Taxable Income forss earnings from work everance pay fross unemployment compensation and statement of the statement of	nent benefits (if applicable). for the person who has experience , 2024 - December 31, 2024 on come als sability	Student	Spouse

Note: If a line is left blank, you are certifying you have received no income from that source.

Certification Statement					
By signing this form, I certify that all the informatio	n reported is complete and accurate.				
Signature of Student (required)	Date				