



Step 3 – Expected 2020 Income

In order to evaluate your need for financial assistance, complete the worksheet below providing estimates of all income you and/ or your parent(s) expect to receive in 2020. If you are separated, divorced, or your spouse is deceased, report expected income for only yourself. **Do Not Leave Blanks**, enter a **zero** for questions that don't apply to you.

<b>Expected 2020 Taxable Income</b>	<b>Student's Income</b>	<b>Parents's Income</b>
Income		
Wages, salaries tips	\$ _____	\$ _____
Severance pay	\$ _____	\$ _____
Pensions and annuities	\$ _____	\$ _____
Interest and dividend income	\$ _____	\$ _____
Business or farm net income	\$ _____	\$ _____
Capital gains	\$ _____	\$ _____
Income received from rents after expenses paid for mortgage interest, taxes and insurance	\$ _____	\$ _____
Alimony which will be received	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Any other taxed income	\$ _____	\$ _____
<b>Total 2020 Taxable Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Expected Untaxed Income and Benefits**

Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings); include untaxed portion of 401(k) and 403(b) plans	\$ _____	\$ _____
Retirement or disability benefits	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Welfare benefits including AFDC/ADC or TANF (excluding food stamps)	\$ _____	\$ _____
Untaxed portion of pensions	\$ _____	\$ _____
Living and housing allowances for clergy, military, and others (excluding rent subsidies for low income housing) including cash payments or cash value of benefits	\$ _____	\$ _____
Child support or maintenance payments which will be received	\$ _____	\$ _____
Cash support or money paid on student's behalf	\$ _____	\$ _____
Veterans benefits except student's educational benefits	\$ _____	\$ _____
Railroad retirement benefits	\$ _____	\$ _____
Any other untaxed income and benefits such as Black Lung Benefits, Refugee Assistance, etc.	\$ _____	\$ _____
<b>Total 2020 Untaxed Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Expected Child Support You Will Pay in 2020</b>	\$ _____	\$ _____
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Step 3 – Certification

All of the information on this form is true and complete to the best of my (our) knowledge. I (we) agree to provide supporting documentation and understand that if requested proof is not provided, I may not receive aid.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse's Signature

\_\_\_\_\_  
Date

**Return completed form along with a signed copy of your and your spouse's 2019 federal tax return(s), including W-2 form(s) to:**

Geisinger Commonwealth School of Medicine  
Financial Aid Office  
525 Pine Street  
Scranton, PA 18509  
Fax (570) 504-2815