

2016-2017 Parent Income Information



Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name: _____ UIN: _____
Last First MI (University Identification Number)

Please complete this form as it applies to **each parent/stepparent** included in the household on the 2016-2017 Free Application for Federal Student Aid (FAFSA).

If parent(s)/stepparent did **not** receive a W-2 or 1099 form in 2015, check the appropriate box(es) below:

I, _____ **did not** earn wages working in 2015.
Print Parent Name **did not** receive a W-2 or 1099 form in 2015.

My spouse, _____ **did not** earn wages working in 2015.
Print Parent/Stepparent Name **did not** receive a W-2 or 1099 form in 2015.

If parent(s)/stepparent had earned income in 2015, **please be sure to:**

- Complete the chart below listing every employer in 2015 even if a W-2/1099 wasn't issued.
- **Submit all W-2s and/or 1099 forms** from each employer listed below, if issued.

Parent Name	Employer's Name (if more space is needed, attach a list to this form)	Total Amount Earned in 2015	W-2 and/or 1099 Attached?
		\$ /year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ /year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ /year	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ /year	<input type="checkbox"/> Yes <input type="checkbox"/> No

You must attach a W-2 or 1099 for each employer listed above. If you did not receive a W-2 or a 1099 form from an employer listed above, please explain how you were paid, the nature of your job, and why you didn't receive a W-2/1099 from that employer.

****If you no longer have a copy of the W-2 or 1099 form received from your employer, you must contact your employer to request a copy.** If you are unable to contact your employer for a copy, you should contact your local IRS Office and request an **IRS Income and Wage Statement**.

I certify that ALL the information on this form is complete and correct.

Student Signature Date

Parent Signature (Required for dependent students) Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Documents may be faxed to 217-265-5516 or mailed to the address at the top of this letter. You will be able to view receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check the status of submitted documents go to www.osfa.illinois.edu and click on "Check Your Status." If you have any questions, please contact a member of our counseling staff at 217-333-0100.