

2023-2024 Non-Filer Statement

Student Information:

_____ XXX-XX _____ W00 _____
Last Name First M.I. Last 4 Social Security No. Student I.D.

Check the appropriate box (or boxes) to indicate whether a 2021 Federal Income Tax Return **did not have to be filed** by the individual selected:

You (the student) **Your Spouse** **Parent 1** **Parent 2**

Please provide **2021** income and employers below. List every employer even if the employer did not provide an IRS W-2 form. Attach copies of all 2021 IRS W-2 or 1099 forms issued to you. If you (or your parent) were not employed in 2021, you must provide your income sources such as family support and/or government benefits (SSI, TANF, SNAP, Section 8). THERE MUST BE DOLLAR AMOUNTS LISTED. IF THIS FORM IS SUBMITTED WITHOUT DOLLAR AMOUNTS, IT WILL BE CONSIDERED INCOMPLETE AND RETURNED TO YOU, THE STUDENT. We may require you to provide documentation from the IRS that indicates a 2021 IRS income tax return was not filed with the IRS if your earned income meets or exceeds the IRS tax filing requirements:

Chart A—For Most People

IF your filing status is . . .	AND at the end of 2021 you were* . . .	THEN file a return if your gross income** was at least . . .
Single	under 65	\$12,550
	65 or older	14,250
Married filing jointly***	under 65 (both spouses)	\$25,100
	65 or older (one spouse)	26,450
	65 or older (both spouses)	27,800
Married filing separately	any age	\$5
Head of household	under 65	\$18,800
	65 or older	20,500
Qualifying widow(er)	under 65	\$25,100
	65 or older	26,450

I certify that the non-tax filer named above has attempted to obtain a Verification of Non-Filing letter from the IRS or other tax authorities and was unable to obtain the required documentation.

Student and/or Spouse Employer(s)	W2 Attached?	\$ Rec'd	Parent(s) Employer(s)	W2 Attached?	\$ Rec'd
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
Other Income Source(s)			Other Income Source(s)		
<input type="checkbox"/> Family Support			<input type="checkbox"/> Family Support		
<input type="checkbox"/> Government benefits (type)			<input type="checkbox"/> Government benefits (type)		
<input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Section 8			<input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Section 8		
<input type="checkbox"/> Emergency Rental/Utility Assistance			<input type="checkbox"/> Emergency Rental/Utility Assistance		
<input type="checkbox"/> Child Support received			<input type="checkbox"/> Child Support received		
<input type="checkbox"/> Alimony Received			<input type="checkbox"/> Alimony Received		
<input type="checkbox"/> Other (explain)			<input type="checkbox"/> Other (explain)		
Total Amount Received:			Total Amount Received:		
\$			\$		

By signing below you certify that all of the information provided on this certification form, to qualify for Federal Student Aid, is legitimate and accurate. **WARNING:** If you purposely give false or misleading information, you may be fined, imprisoned or both.

STUDENT'S SIGNATURE: _____ DATE: _____ SPOUSE'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

Parent's signature required if parent information was required on FAFSA (Dependent student)