



Student Non-Tax-Filer Statement 2019-2020 Academic Year

Name _____

Social Security Number _____

- If you filed a 2017 U.S. federal income tax return, do not submit this form. Instead, send a photocopy of your signed 2017 federal tax return to the Office of Financial Aid. If your 2017 income is more than \$7,200, you may be required to file a federal income tax return. Consult your tax advisor.
• If you live in another country and you are not legally required to file a 2017 U.S. federal income tax return, check this box [] and complete this form. Write the name of your country of residence here: _____. Convert all amounts to U.S. dollars.
• Indicate total amounts earned or received from January 1st to December 31st, 2017.
• Complete all entries. Write "0" or "n/a" where appropriate. Do not report your parents' income on this form.

1. Income earned by student in 2017 (include business income if self-employed): 1. \$ _____
From line 1, amount earned through Federal Work Study in 2017: \$ _____

2. Income earned by student's spouse in 2017 (include business income if self-employed): 2. \$ _____

3. Social Security benefits received by student in student's own name: 3. \$ _____

4. Temporary Aid to Needy Families (TANF) benefits received by student: 4. \$ _____

5. Child support received by student for any dependent children (independent students only) 5. \$ _____

6. Other income received by student (and spouse, if applicable) in 2017:

a. Interest and dividends: a. \$ _____

b. Cash you received or money paid on your behalf by your non-custodial parent (do not include any amounts reported as "child support received" by your custodial parent): _____
Please specify source of support. b. \$ _____

c. Other cash received or any money on your behalf. If these funds were from your custodial parent, check here: [] c. \$ _____

d. Welfare: [] d. \$ _____

e. Veterans' non-educational benefits received: e. \$ _____

f. Housing, food and other living allowances (excluding rent subsidies for low-income housing) for military, clergy, and others (include cash payments and cash value of benefits): f. \$ _____

g. Worker's Compensation and/or disability benefits: g. \$ _____

h. Alimony/spousal support: h. \$ _____

i. Unemployment Compensation: i. \$ _____

j. Other _____
Please specify source of income. j. \$ _____

k. The amount earned from each employer in 2017, and whether an IRS W-2 form is provided. k. \$ _____

Total Other Income (add lines 6a through 6j): 6. \$ _____

7. Total income, support and benefits in 2017 (add lines 1 through 6): 7. \$ _____

Certification: I/we certify that federal law does not require me/us to file a 2017 U.S. federal income tax return and that one will not be filed. I/we affirm that all the information on this form is true and complete to the best of my/our knowledge. I/we understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, or repayment of financial aid.

Student Signature _____

Date _____

Spouse Signature _____

Date _____