



Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please update your account in SiS if the email address and phone number listed above is different.*

**Instructions:** This non-filing income tax statement should be completed if you and/or your spouse (Independent Student), your parent(s) will not, did not, and are not required to file a 2016 federal tax return with the IRS. **You must also submit copies of any W-2 form(s) and/or 1099 form(s) received in 2016.**

**STUDENT SECTION:**

	Student	Spouse
I was employed and had income earned from work in 2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the names of all employers and the amount earned from each employer in 2016. List every employer, even if the employer did not issue an IRS W-2 form.		
<b>Employer's Name:</b>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____		
*Attach copies of all 2016 IRS W2(s) forms		

**PARENT SECTION:** (Independent students do not need to include parents' information)

	Parent #1	Parent #2
I was employed and had income earned from work in 2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the names of all employers and the amount earned from each employer in 2016. List every employer, even if the employer did not issue an IRS W-2 form.		
<b>Employer's Name:</b>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____		
*Attach copies of all 2016 IRS W2(s) forms		

**CERTIFICATION**

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature (Required for Dependent Students) Date