

Financial Aid Office

80 Fort Brown • Brownsville, Texas 78520 • (956) 295-3620 • Fax (956) 295-3621 • www.tsc.edu

2016-2017 Non-Tax Filer Form- Student

Student Name:	ID#	Phone#

Your 2016-2017 FAFSA indicates that you did not file a 2015 Federal Income Tax Return. Please check the appropriate responses. If married, you must report information for your spouse (includes common law marriage). Do not use pencil.

Student info:

Did *you* work during the year of 2015? ___Yes (attach all W2s and/or 1099s) ___No List the name of employer(s) below:

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Name of Employer	Total Wages Earned for 2015	Self- employed? Answer yes or no

Did you file a 2015 IRS Federal Tax Return? ____Yes (attach a copy of your 2015 IRS Tax Return Transcript) ____No
If you did not file, are you required to file a 2015 Federal Tax Return ____Yes ___No

Can you be or were you claimed as a dependent on your parent's or someone else's tax return for 2015? ____Yes ____No

Spouse info (if applicable):

If married, did *your spouse* work during the year of 2015? <u>Yes (attach all W2s and/or 1099s)</u> No List the name of employer(s) below: Attach all W2s and/or 1099s

Name of Employer	Total Wages Earned for 2015	Self- employed? Answer yes or no

Did your spouse file a 2015 Federal Tax Return? Yes (attach a copy of his/her 2015 IRS Tax Return Transcript) No

• If your spouse did not file, is your spouse required to file? <u>Yes</u> No

Signatures/Initials

_____I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

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

Student	Parent	Date/	′/

For office use only: Received by_____