



2018-2019 Non-Tax Filer Form- Student

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ Phone# \_\_\_\_\_

Your 2018-2019 FAFSA indicates that you did not file a 2016 Federal Income Tax Return.

Did your parent or anyone else claim you as a dependent on their 2016 Federal Income Tax Return?

\_\_\_ Yes \_\_\_ No

Section A

- Did you work during the year of 2016? \_\_\_ Yes \_\_\_ No
o If yes, complete Section B. Attach all W2s and/or 1099s
Did you file a 2016 IRS Federal Tax Return?
\_\_\_ Yes (Attach your 2016 tax return transcript from the IRS office)
\_\_\_ No (If you are an independent student, you must attach a 2016 Letter of non-filing from the IRS office. Letter must be dated on or after Oct. 1st 2017).
If you did not file, are you required to file a 2016 Federal Tax Return? \_\_\_ Yes \_\_\_ No

Are you married (includes common law)? \_\_\_ Yes \_\_\_ No (STOP HERE)

- Did your spouse work during the year of 2016? \_\_\_ Yes \_\_\_ No
o If yes, complete Section B. Attach all W2s and/or 1099s
Did your spouse file a 2016 Federal Tax Return?
\_\_\_ Yes (Attach your spouse's 2016 tax return transcript from the IRS office).
\_\_\_ No (Your spouse must attach a 2016 letter of non-filing from the IRS office. Letter must be dated on or after Oct. 1st 2017. If your spouse earned wages outside of the United States, complete Confirmation of Non-Filing form).
If your spouse did not file, is your spouse required to file a 2016 Federal Tax Return? \_\_\_ Yes \_\_\_ No

Section B

List the name of all employer(s) below. Include cash earnings & all earnings from outside the United States.

Table with 4 columns: Name of Employer (attach W2s and/or 1099s), Name of person who worked, Total wages for 2016, Self-employed? Answer yes or no.

Signatures

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 signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

For Office Use Only: Received by \_\_\_\_\_