



Certification of Non-Tax Filing Status

| Student Name: | | | |
|---|--|--------------------------|------------------------|
| Student ID Number: | | | |
| Parent Name (if stude | ent is a dependent) | | |
| Tax Year: | | | |
| Please check box that | applies: | | |
| ☐ Student <i>and/o</i> in the above t | or spouse was not employe ax year. | ed and had no income ea | irned from employment |
| Listed below a | or spouse was employed in are employers, and gross e latest W-2 from each emp | arnings from each emplo | oyer. |
| If student is a were employed | dependent , attach W-2's ed. | for both student and par | ents if either or both |
| Employer | IRS W-2 attached? | Gross earnings | Name of Employee |
| | | | |
| | | | |
| | | | |
| | | | |
| complete and accurat By completing this for | erson signing this worksheed e. If dependent, student a m and signing below, I/We eeturn for the year stated. | nd one parent must sign | and date. |
| | ectam for the year stated. | Date: | |
| | | | |
| (if applicable) | | Date | |
| Parent Signature: (if applicable) | | Date: | |

| <u>Name</u> | Relationship | <u>Date of Birth</u> |
|-------------|--------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |