



Student Name _____ University ID Number _____
(please print) Last First Middle

Instructions:

- If you have filed or will file a 2018 income tax return, please import your 2018 tax information into the FAFSA with the [IRS Data Retrieval Tool](#) and **do not submit this form**.
- If you will not file and are not required to file a 2018 income tax return with the IRS or with a foreign country's government, please proceed with completing this form.

IMPORTANT: In addition to this form, you must submit the **2018 IRS Verification of Nonfiling Letter** to our office, which can be ordered for free on the IRS site, www.irs.gov/individuals/get-transcript, or by faxing or mailing the IRS [Form 4506-T](#) to the IRS.

Choose one of the options below and follow the instructions provided:

Please check this box if you did work in 2018. Proceed to completing **Box 1** below. If applicable, complete **Box 2** as well.

Please check this box if you did **not** work in 2018. Proceed to **Box 2** below.

Box 1

- Instructions:**
- Please list each employer, income amount earned, and **attach** your 2018 W-2 Form.
 - If you were self-employed and did not receive a W-2 Form, please check the box for self-employment, list your business or type of work performed, and the amount of income earned in 2018.

Self-Employed? (check box for Yes)	Employer (list each one from 2018) If self-employed, enter name of business or type of work	Income Amount Earned	Attached 2018 W-2 Form (check box for Yes)

Box 2

- Instructions:**
- In **Box 2A**, please check the box for each federal benefit received in 2018 and provide the annual amount.
 - In **Box 2B**, please list all other income or support received in 2018, including disability, unemployment, workers comp, etc. Please include the annual amount received for each source.
 - **If you did not have income or sources of support, provide an explanation of how your living expenses were paid.**

Box 2A	Annual Amount
SSI	\$
SNAP	\$
TANF	\$
WIC	\$

Box 2B

Other income or support received (disability, unemployment, worker's comp, family support)

Signature and Consent

Signature certifies that you have read the statement below. **Form must be signed and dated.** An incomplete form will delay or prevent processing. Please allow 10-15 business days for processing.

I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form I am liable for cancellation or repayment of all or part of my financial aid. In addition, I understand that completing this form does not guarantee an increase or adjustment in financial aid.

Printed Name _____

Parent Signature _____ Date _____