



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.
- If you are married and your spouse did not file a 2018 tax return, please submit a separate copy of this form completed and signed by your spouse. If your spouse filed a 2018 tax return, please submit their [2018 tax return transcript](#).

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

Please check this box if you did work in 2018 and have not or will not file a 2018 income tax return. Proceed to completing **Box 1** below.

Please check this box if you did **not** work in 2018. You do not need to enter information in **Box 1** below if you chose this option. Please sign and date the form before submitting it to our office.

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)

Note: If the income you entered above is different than the amount you entered on your FAFSA, please use the space below to clarify why there's a discrepancy between the amounts entered on this form and your FAFSA. Also, if you did not receive a 2018 W-2 form and were not self-employed, please explain why the W-2 form is not available.

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.

Student/Spouse Signature _____ Date _____