

SCI-Arc

Parent non-Filing Statement 2019-2020

Student's Name:

SSN # or SCI-Arc ID #:

Phone #:

Date of Birth:

Address:

Parents:

- If you filed or will file a 2017 U.S. federal income tax return. DO NOT submit this form. SUBMIT A COPY of your 2017 tax return to the Financial Aid Office. If your 2017 taxable income is more than \$9,500 if you are single, or \$19,000 if you are married filing jointly, you may be required to file an income tax return and you would not be able to use this form (see Chart A of the 1040 Instruction Book).
- In you live in a foreign country and you are not legally required to file a 2017 U.S. federal income tax return, check this box and complete this form. Attach translated documentation of your income, such as a signed foreign tax return or employer statement. Convert all amounts to U.S. dollars.
- Indicate total yearly income amounts earned or received from January 1 to December 31, 2017. Please complete all entries, indication "0" or "n/a"

SOURCES OF INCOME IN 2017

- | | |
|---|--------------|
| 1. Gross income earned by student in 2017 (including business income if self-employed): | 1. \$ |
| Attach a copy of 2017 W-2 forms. Name of Father: _____ | |
| 2. Gross Income earned by Mother in 2017 (including business income if self-employed): | 2. \$: |
| Attach a copy of your 2017 W-2 forms. Name of Mother: _____ | |
| 3. Social Security benefits received by student in student's own name: | 3. \$ |
| 4. Welfare benefits, including Temporary Assistance for Needy Families (TANF) received by student: | 4. \$ |
| 5. Child support received by student for any dependent children (independent students only): | 5. \$ |
| 6. Other income received in 2017 (TOTAL 6a – 6h): | 6. \$ |
| a. Interest/dividends: | 6a. \$ |
| b. Cash received or money paid on parent's behalf: | 6b. \$ |
| c. Veterans' non education benefits received: | 6c. \$ |
| d. Housing, food and other living allowances (excluding rent subsidies for low-income housing) for military, clergy, and others (include cash payments and cash value of benefits): | 6d. \$ |
| e. Workers' compensation and/or disability benefits received: | 6e. \$ |
| f. Alimony/spousal support received: | 6f. \$ |
| g. Unemployment compensation: | 6g. \$ |
| h. Other: _____ | 6h. \$ |
| 7. TOTAL income support and benefits in 2017 (add lines 1 – 6): | 7. \$ |

CERTIFICATION

I (we) certify that federal law does not require me (us) to file a 2017 U. S. federal income tax return and that one will not be filed. If requested, I (we) will provide official confirmation of this from the Internal Revenue Service (IRS). I (we) certify that the above information is true and correct.

Student's signature:

Date:

Spouse's signature:

Date: