



Student non-Filing Statement 2022-2023

Student's Name:

SSN # or SCI-Arc ID #:

Phone #:

Date of Birth:

Address:

If you filed or will file a 2020 U.S. federal income tax return, do not submit this form. Submit a copy of your 2020 tax return to the Financial Aid Office. Go to www.irs.gov for more information. Indicate total yearly income amounts earned or received by student (and spouse if applicable) from January 1 to December 31, 2020. Complete all entries, indicating "0" or "n/a" where appropriate. Do not report your parents' income on this form.

SOURCES OF INCOME IN 2020

- | | |
|---|--|
| 1. Gross income earned by student in 2020 (including business income if self-employed): | 1. \$ |
| From line 1 enter amount earned through Federal Work Study in 2019 | \$ |
| Will you be claimed as a dependent on your parent's 2020 federal tax return? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a dependent child? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Gross Income earned by student's spouse in 2020 (including business income if self-employed): | 2. \$: |
| Attach a copy of your 2020 W-2 forms. Name of Spouse: _____ | |
| 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 2020 (TOTAL 6a - 6i): | 6. \$ |
| a. Interest/dividends: | 6a. \$ |
| b. Cash student received or money paid on student's behalf by the non-custodial parent: | 6b. \$ |
| Please specify source of support: _____ | |
| c. Other cash received or any money paid on student's behalf. | 6c. \$ |
| Were these funds received from the custodial parent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Veterans' non education benefits received: | 6d. \$ |
| e. 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): | 6e. \$ |
| f. Workers' compensation and/or disability benefits received: | 6f. \$ |
| g. Alimony/spousal support received: | 6g. \$ |
| h. Unemployment compensation: | 6h. \$ |
| i. Other: _____ | 6i. \$ |
| 7. TOTAL income support and benefits in 2020 (add lines 1 - 6): | 7. \$ |

CERTIFICATION

I (we) certify that federal law does not require me (us) to file a 2020 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: