

Verification of 2018 Income for Nontax Filer-STUDENT

Office of Financial Aid and Scholarships

P.O. Box 3011, Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098 FAO.Verification@tamuc.edu

Office Use Only
SNTODD

STUDENT'S NAME	T'S NAME CWID	
The instructions and certification below apply to the student and (spouse, if married) WILL NOT FILE and ARE NOT		
Check the box that applies:		
The student and/or spouse (if married) were not em	nployed and had no income ear	ned from work in 2018.
The student and/or spouse (if married) were employer from each employer in 2018, and whether an IRS V the student and/or spouse (if married). List every en	W-2 form is provided. Attach co	opies of all 2018 IRS W-2 forms issued to
Employer's Name	Annual Amount Earned in 2018	Copy of IRS W-2 Attached? Yes/No
(Example) Lucky Leo Landscape	\$800	Yes
Total Amount of Income Earned From Work	\$	
l If more space is needed, provide a separate page with the student's name a	and CWID number at the top.	
Note: The Financial Aid & Scholarships Office may requir	re documentation from the IR.	S that indicates a 2018 IRS income tax
return transcript was not filed with the IRS.	v	
The appropriate person(s) need to sign this acknowledgemen	nt of non-filing tax status.	
Certification and Signature: You, the student, and/or the paren 1.All of the information provided is true and complete to the best of you 2.All federal and/or state financial aid received as a result of the inform Commerce 3.Will notify the Office of Financial Aid & Scholarships if changes occur 4.Agree to provide information requested by the Office of Financial Aid information on file. 5.Acknowledge that the Office of Financial Aid & Scholarships has the a Return Transcript(s) and/or any other documents from other entities/6.All parties who sign this form certify you are aware that purposely gi or both.	ur knowledge nation on this form will be used solel to the information provided d & Scholarships to verify the accurace authority to verify information reque //agencies that can collaborate on the	ly for purposes to pay the cost of attending A&M-cy of this completed form and/or clear conflicting sted and such information may include IRS Tax accuracy of the information provided
Signature of non-filing person (student)		Date
Signature of non-filing person (spouse) if married		Date