FINANCIAL AID OFFICE PHONE: 907-852-1708 FAX: 907-852-1784



ILISAĠVIK COLLEGE P.O. Box 749 Barrow, Alaska 99723

## 2021-2022 Non-Filer Statement

(I/WE DID NOT FILE A 2019 TAX RETURN)

STUDENT – NAME:	
I did not and/or will not file a Federal Tax Return for 2019	
List sources of income. Attach a copy of all 2019 W-2s. If you did	not receive a W-2, you must write a
statement indicating the dates you worked, your place of emplo	· · · · · · · · · · · · · · · · · · ·
Do not leave any line blank-if you earned \$0, write "0" on the	e appropriate line:
Student's total earnings from work	\$
Interest/Dividends	\$
Permanent Fund Dividend	\$
Other:	\$
Total taxable/non-taxable income for 201	9 \$
SPOUSE (If married) - NAME:	
I did not and/or will not file a Federal Tax Return for 2019	
List sources of income. Attach a copy of all 2019 W-2s. If you did	not receive a W-2, you must write a
statement indicating the dates you worked, your place of employer	· · · · · · · · · · · · · · · · · · ·
Do not leave any line blank-if you earned \$0, write "0" on the	ne appropriate line:
Spouse's total earnings from work	\$
Interest/Dividends	\$
Permanent Fund Dividend	\$
Other:	\$
Total taxable/non-taxable income for 201	9 \$
PARENT(S) – NAME(S):  (Dependent Students Only) I/we did not or will not file a Federal Tax Return for 2019  List sources of income. Attach a copy of all 2019 W-2s. If you did not receive a W-2, you must write a statement indicating the dates you worked, your place of employment and your total wages.  Do not leave any line blank-if you earned \$0, write "0" on the appropriate line:	
Mother's/Stepmother's total earnings from work	
Father's/Stepfather's total earnings from work	\$
Interest/Dividends	\$
Permanent Fund Dividend	\$
Other:	\$
Total taxable/non-taxable income for 2019	
I certify that I have not filed and I am not required to file a 2019 federal tax return (form 1040/1040A/1040EZ). I further certify that all documentation submitted for the purpose of reporting my 2019 earnings are complete and correct. Additionally, I understand that I am responsible for returning all financial aid monies due to inaccurate, false or misleading information provided on this form.  EMAILED PAPERWORK WILL BE DELETED. USPS MAIL OR FAX RETURN ONLY	
udent Signature (Peguired) Date Sneuse/Pare	ent(s) Signature (Pequired if listed shove) Data