

**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 employment and your total wages.

**Do not leave any line blank-if you earned \$0, write “0” on the appropriate line:**

Student's total earnings from work	\$
Interest/Dividends	\$
Permanent Fund Dividend	\$
Other:	\$
Total taxable/non-taxable income for 2019	\$

**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 employment and your total wages.

**Do not leave any line blank-if you earned \$0, write “0” on the appropriate line:**

Spouse's total earnings from work	\$
Interest/Dividends	\$
Permanent Fund Dividend	\$
Other:	\$
Total taxable/non-taxable income for 2019	\$

**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**

\_\_\_\_\_  
 Student Signature (Required) Date

\_\_\_\_\_  
 Spouse/Parent(s) Signature (Required if listed above) Date