



Student Financial Services
2017-2018
 Verification of 2015 Work Income/Nontax Filer

Required for Verification by the US Department of Education

Please complete in black ink.

Name: _____ Student ID #: _____

Student and Spouse 2015 Income:

The instructions and certifications below apply to the student (and spouse, if the student is married). Complete this section if the student and spouse will not file and are not required to file a 2015 income tax return with the IRS. Check the box that applies:

- _____ The student (and spouse if married) were not employed and earned no income from work in 2015.
- _____ The student and/or spouse were employed in 2015 and have listed below the names of all employers, the amount earned from each employer, and **provided a copy of the IRS W-2 form for each employer**. List all jobs even if there was no W-2 issued, such as odd jobs for neighbors, babysitting income, etc. Attach a separate sheet if more lines are needed.

Employer's Name	2015 Yearly Amount Earned	Employer Issued W-2? (yes or no)

Parent 2015 Income:

Complete this section only if you are classified as a dependent student for financial aid purposes and only if your parent(s) did not file and were not required to file a 2015 income tax return with the IRS. Check the box that applies:

- _____ Neither parent included in the household was employed or earned income from work in 2015.
- _____ One or both parents reported in the household were employed in 2015 and have listed below the names of all employers, the amount earned from each employer, and **provided a copy of the IRS W-2 form for each employer**. List all jobs even if there was no W-2 issued (such as odd jobs for neighbors, babysitting income, etc.). Attach a separate sheet if more lines are needed.

Employer's Name	2015 Yearly Amount Earned	Employer Issued W-2? (yes or no)

Signature I (we) certify that all the information reported on this Statement is complete and correct.

Student's Signature: _____ Date: _____

Parent's Signature (Required for Dependent Student): _____ Date: _____