



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC19DNT

2019/2020

DEPENDENT STUDENT NON TAX FILER STATEMENT

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 2017 income tax return with the IRS.

Check the box that applies:

The student was not employed and had no income earned from work in 2017.

OR

The student was employed in 2017 and has listed below the names of all employers and the amount earned from each employer in 2017. **Provide copies of all 2017 IRS W-2 forms** issued to the student by their employers. List every employer even if the employer did not issue an IRS W-2 form.

Employer's Name	Annual Amount Earned in 2017
<i>(Example) ABC's Auto Body Shop</i>	<i>\$4,500.00</i>
Total Amount of Income Earned From Work	\$

I certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____