

**Office Use Only**

**PNTEVN**

**Verification of 2017 Income for Nontax Filer-PARENT**

Office of Financial Aid and Scholarships

**P.O. Box 3011, Commerce, Texas, Phone: 903.886.5096 Fax: 903.886.5098**

[**FAO.Verification@tamuc.edu**](mailto:FAO.Verification@tamuc.edu)

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**STUDENT’S NAME**  **CWID**

The instructions and certification below apply to each parent included in the household. Complete this form if the parent(s) **WILL NOT FILE** and **ARE NOT REQUIRED** to file a 2017 income tax return with the IRS.

**Check the box that applies:**

Parent(s) was not employed, and parent(s) had **NO** income earned from work in 2017.

One or both parents were employed in 2017. List below the names of all employers, the amount earned from each employer in 2017, and whether and IRS W-2 form is provided. Attach copies of all 2017 IRS W-2 forms issued to the parent(s). List every employer even if the employer did not issue an IRS W-2 form.

|  |  |  |
| --- | --- | --- |
| **Employer’s Name** | **Annual Amount**  **Earned in 2017** | **Copy of IRS W-2**  **Attached?**  **Yes/No** |
| *(Example) Lucky Leo Landscape* | *$800* | *Yes* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Amount of Income Earned From Work** | $ |  |

*If more space is needed, provide a separate page with the student’s name and CWID number at the top.*

***Note: The Financial Aid & Scholarships Office may require documentation from the IRS that indicates a 2017 IRS income tax return transcript was not filed with the IRS.***

The appropriate person(s) need to sign this acknowledgement of non-filing tax status.

**Certification and Signature:** You, the student, and/or the parent(s) of, and/or the student’s spouse, if applicable, by signing this form certify:

1.All of the information provided is true and complete to the best of your knowledge

2.All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce

3.Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided

4.Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.

5.Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided

6.All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to $20,000, sent to prison, or both.

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Signature of non-filing person (parent 1) Date

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Signature of non-filing person (parent 2) Date