Office of Student Financial Aid

901 S National Avenue Springfield, MO 65897



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Email: FinancialAid@MissouriState.edu

	20	016-2017 Spouse Non-Filing Stateme	ent	
Student's Name (Last) (First)		BearPa	ss # Student's Date of Birth	
COMPLETI	E ALL SECTIONS			
Student Aid required to	' (FAFSA). Complete this form if yo	our spouse (the student) filed a 2015 income	on the student's <i>Free Application for Federal</i> e tax return and you will not file, and are not file a 2015 Federal Income Tax Return please	
A. Spous	e's Information			
1.				
		☐ Yes. (Submit a copy of your 2015 Federal Tax Return Transcript to The Office of Student Financial Aid).		
	□ No	·	,	
2.		tudent's) 2015 tax return filing status? (che	ck one)	
	□ Single	□ Single		
	☐ Married – Filing Jointly			
	☐ Married – Filing Separately			
	☐ Head of Household			
	/AGE EARNER'S NAME	EMPLOYER'S NAME	\$ \$	
			\$	
			\$	
Be sure to a earnings do	cumentation. Imber of W-2's attached:	documentation for earnings listed above. Th	is includes Form W-2's, 1099's, and other	
2. Nu	mber of other forms attached: _			
Ту	pe of Form: Number	Attached:		
Ту	pe of Form: Number	Attached:		
Ту	pe of Form: Number	Attached:		
By Signing t		ure t all of the information reported on it is com nation on this form, you may be fined, be s		
Your (Spouse of Student) Signature		 Date		
Student's Si	anature	 Date		