

To be completed when a student is required to submit verification documents for financial aid purposes but was not required to file a 2014 federal income tax return. **TAX RETURN NON-FILERS**—Complete this Non-Filer Worksheet if you, the student (and, if married, your spouse), will not file and are not required to file a 2014 income tax return with the IRS.

Student's Name: \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

If married, name of spouse: \_\_\_\_\_ Student's Urbana ID (if known) \_\_\_\_\_

**Check the box that applies and complete the appropriate information:**

- ☐ The student (and, if married, the student's spouse) was not employed and had no income earned from work in 2014.  
**OR**
- ☐ The student (and/or the student's spouse if married) was employed in 2014 and has listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is attached. Attach copies of all 2014 W-2 forms issued to you (and, if married, to your spouse) by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attached a separate page with your name and SSN at the top.*

Employer's Name	2014 Amount Earned	IRS W-2 ATTACHED?
Tom's Auto Body Shop (example)	\$2,000.00	Yes

**Additional Information:**

My/Our total income (taxable and non-taxable) for 2014 (01/01/14-12/31/14) was \$ \_\_\_\_\_.

The amount of Federal Work-study earnings or taxable financial aid I received in 2014 was \$ \_\_\_\_\_.

Income earned from work by the student was \$ \_\_\_\_\_, and by the spouse was \$ \_\_\_\_\_.

List other income, such as child support, social security, pensions, dividends, Aid to Families with Dependent Children (AFDC), etc. *If more space is needed, attach a separate page with your name and Social Security Number at the top.*

Type of Income	Total Amount for 2014 (01/01/14-12/31/14)
Social Security (example)	\$2,000.00

**Certification and Signatures**

I certify that all information and documentation submitted is true and correct to the best of my knowledge. I understand that purposely providing false or misleading information on this form may result in a reduction or repayment of aid, fines, imprisonment, and/or disciplinary action up to and including dismissal from the University. If asked, I agree to provide additional proof of the information/documentation provided with this form. I authorize Urbana University to verify any third party documentation which I have submitted.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse (if married) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return all documents to: Financial Aid, Urbana University, 579 College Way, Urbana, OH 43078  
Fax: 937.772.9390 Email: financialaid@urbana.edu