

# STUDENT FINANCIAL ASSISTANCE

# **Student Non-Tax Filing Form**

Office Use Only

Academic Year **2013-2014** 

If you need assistance with completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.

### STUDENT INFORMATION

| Last Name            | First Name |       | Middle I. | 10-Digit ASU ID      |  |
|----------------------|------------|-------|-----------|----------------------|--|
| Local Street Address | City       | State | Zip Code  | Daytime Phone Number |  |

## **INSTRUCTIONS**

**Important**: If you or your spouse are required to file a 2012 Federal Income Tax Return (IRS Form 1040, 1040A or 1040EZ), please submit a **signed** copy of your tax return(s) to our office and do not complete this form. **You must include your name and ASU ID number on the top right corner of each page**.

- 1. You must complete **all** items on this form. **This form will not be processed if any items are left blank or illegible**; write "0" for items that do not apply.
- 2. **For students whose parent's information was not required on the FAFSA**: If all the values in Section A equal "0" for both you and your spouse (if married), **you must attach** a written and signed statement explaining how you are able to support yourself with a zero income (include any relevant documentation). **This form will not be processed if you do not provide a statement.**
- 3. Use blue or black ink only. Please type or print clearly.
- 4. Include spouse's information if you were married when you filed the FAFSA.
- 5. If clarification of your situation is necessary, additional information or documentation may be required.
- 6. Return this form to: Student Financial Assistance, P.O. Box 870412, Tempe, AZ 85287-0412 or fax to 480-965-9484.

#### Section A: Income Information

Enter the total amounts of each type of income received between January 1, 2012, and December 31, 2012.

| Income Type  |                    | Student | Spouse |
|--|--------------------|---------|--------|
| Total gross income from work.  Student's Employers   | Spouse's Employers | \$      | \$     |
| Payments to tax deferred pension and savings plan (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.   |                    | \$      | \$     |
| Child support received for all of your children. <b>Don't include</b> foster care or adoption payments.  |                    | \$      | \$     |
| Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.  |                    | \$      | \$     |
| Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.  |                    | \$      | \$     |
| Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the first-time homebuyer tax credit from IRS Form 1040—line 67. <b>Don't include</b> student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. |                    | \$      | \$     |
| Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form including, but not limited to, housing, automobile payments, gasoline, allowance. If your parent's signature was required on your FAFSA, do not report parental support.   |                    | \$      | \$     |

### **SECTION B: CERTIFICATION AND SIGNATURE**

**Certification:** I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

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|--|----------------------|--|--|--|
| Student's Signature  | Date form was signed |  |  |  |
|  |                      |  |  |  |

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