

## **Office of Financial Aid**

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## Verification of 2024 Income Information for Spouse Non-tax Filers

Name:	Student ID #:	
Spouse Name:		
Complete this section if the Spouse wil	ll not file and are not required to	file a 2024 income tax return with th
Please confirm only ONE of the follo	wing is true:	
☐ The Spouse was not employed and	had no income earned from work	k in <b>2024.</b>
☐ The Spouse inadvertently reported of non-filer responses and utilization		ney were a non-tax-filer. The removalinformation is authorized.
☐ The Spouse was employed in <b>2024</b> from each employer in <b>2024</b> , and w		s of all employers, the amount earned equivalent document is provided.
Provide copies of all <b>2024</b> IRS W-2 for employer even if the employer did not Employer's Name	issue an IRS W-2 form.  IRS W-2 or an Equivalent	Annual Amount
	Document Provided?	Earned in 2024
(Example) ABC's Auto Body Shop	Yes	\$4,500.00
Total Amount	of Income Earned from Work	\$
Student Signature:		Date:
Spouse Signature:		Date: