

SOUTHERN UNIVERSITY AT NEW ORLEANS Office of Student Financial Aid 6400 PRESS DRIVE **ADMINISTRATION BUILDING ROOM 164** NEW ORLEANS, LOUISIANA 70126 OFFICE NUMBER: (504) 286-5263 FAX (504) 286-5213

## **Certification of Not Filing**

## **NON-TAX FILER'S STATEMENT**

STUDENT'S NAME \_\_\_\_\_\_ SUNO Banner ID # \_\_\_\_\_

I (Student Name) \_\_\_\_\_ (Parent's Name) \_\_\_\_\_ has not filed and will not file a 20\_\_\_\_\_ U.S. Income Tax Return, Form 1040, or 1040EZ.

Note: The filing requirements (Pub. 17) as stated by the Internal Revenue Service are detailed on the back of this form.

The following information is being provided in lieu of a completed tax return. This information should be used in determining my (son's/daughter's/spouse's) Financial Aid Awards.

Student:		Parent:	
*Source of Income:		*Source of Income:	
Amount of Income: \$		Amount of Income: \$	
(Check One) Independent		Dependent	-
Signature	STUDENT	Date	Marital Status
Signature	SPOUSE	_ Date	_SS #
Signature	PARENT	_ Date	_SS#

\*SUPPORTING DOCUMENTS MUST BE ATTACHED-(W-2 Forms, 1099, SNAP, Social Security, Child Support Statement, and/or other untaxed income).

\*\*WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.\*\*