



**Certification of Non-Filing (NON-TAX FILER's) STATEMENT**

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

I (Student's Name) \_\_\_\_\_ (Parent's Name) \_\_\_\_\_

Have not filed and will not file a 20\_\_\_\_\_ U.S. Income Tax Return, Form 1040, 1040A, 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 \_\_\_\_\_ Date \_\_\_\_\_ Marital Status \_\_\_\_\_  
STUDENT

Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_  
SPOUSE

Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_  
PARENT

**\*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.\*\***

Return by mail, email or fax to:

**Southern University at New Orleans  
Office of Student Financial Aid  
6400 Press Drive**



Division of Enrollment Management  
*Office of Student Financial Aid*

**Administration Bldg. Room 164**  
**New Orleans, LA 70126**  
**PHONE: (504) 286-5263 FAX: (504) 286-5213**