

## Please complete in blue or black ink if possible. Typed signatures will not be accepted.

## Student Financial Services

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SPU.EDU/SFS

## 2021 - 2022 INDEPENDENT STUDENT INCOME AND NON-TAX FILER STATUS FORM

STUDENT NAME: \_\_\_\_\_\_ SPU ID: \_\_\_\_\_

Note: FAFSA applicants must submit tax informa	ation from <u>two</u> years	prior—in th	is case, <u><b>2019</b></u> .	
SECTION ONE: Verification of Nonfili	i <u>ng (</u> submit a Ve	rification o	of Non-filing Letter)	
You indicated on your FAFSA that you did not fil You can request one at www.irs.gov, click "Get a prompts to request a Verification of Non-filing Le You may also submit Form 4506-T to the IRS arbusiness days from when the IRS receives the form the IRS receives the IRS rec	a tax transcript" from tter and receive a P ad select option #7. orm. <b>When submitt</b>	the Tools n DF. You will The IRS will ing the tran	nenu. Click "Get Transcript O I need to register with the IRS mail a verification of Non-filir script please include your	NLINE" and follow the S to use this online service.  ng Letter within 10
***ATTACH THE VE	RIFICATION OF N	ON-FILING	LETTER TO THIS FORM***	
SECTION TWO: Wages (W-2) (check the	appropriate box below	)		
$\square$ Check here if you did not work and had no incOR	come earned from w	ork during 2	2019.	
☐ Check here if you did work and earned W-2 in	ncome from work du	ring <b>2019</b> .		
Please complete the table below u	ısing information f	ound on yo	ur <u>2019</u> federal tax return a	nd W-2 forms.
***ATTA0	CH COPIES OF YO	UR W-2S T	O THIS FORM***	
Student Name on W-2 (Box e)	W-2 Box 1 Am		W-2 Boxes 12a-12d (only codes <u>D</u> *, E, F, G, H, & S) *not DD Total Amount	W-2 Box 14 Housing or Living Allowance Total Amount
	\$	;	\$	\$
	\$	;	\$	\$
	\$		\$	\$
If additional space is needed to OR ☐ If you did not receive a W-2, but did work in <b>2</b> Source:	019 please provide	source of in	come and amount: Amount: \$	
By signing this verification statement, I attest that asked, I agree to submit documentation supporting	all information repor g the information pro	ed on this fo vided on this	orm is true and complete to the s form.	e best of my knowledge. If
WARNING: If you purposely give false or misleading	ng information on this	worksheet,	you may be fined, sentenced	to prison, or both
Student Signature	Date F	hone	Email	

55555	a Employee's social security number	OMB No. 1545	-0008		
b Employer identification number (EIN)			The second second	s, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
		13	5 Medicare	wages and tips	6 Medicare tax withheld
		0	7 Social sec	curity tips	8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		12a
			13 Statutory employee	Retirement Third-party plan sick pay	12b
			14 Other		12c
					12d
f Employee's address and ZIP cod	e				e /
15 State Employer's state ID numb	er 16 State wages, tips, etc.	. 17 State income	tax <b>18</b> L	ocal wages, tips, etc.	Local income tax 20 Locality name
1				/	
W-2 Wage and	d Tax Statement	2/02	חי	Department of	the Treasury—Internal Revenue Servic
Copy 1—For State, City, or Loc		7 -	- —		
	/	/		Enter in "W-2	Boxes 12a-12d" box.
		W-2 Box 14". ( nt listed as "Ho			ounts that should be ones associated with
		owance", and i		the following F, G, H, S.	codes: D ( <u>not</u> DD), E,