



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 PARENT INCOME AND NON-TAX FILER STATUS FORM

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

Note: FAFSA applicants must submit tax information from **two** years prior—in this case, **2019**.

### **SECTION ONE: Verification of Nonfiling** (submit an IRS Verification of Non-filing Letter)

You indicated on your FAFSA that you did not file a 2019 tax return. You must provide a verification of non-filing Letter from the IRS. You can request one at [www.irs.gov](http://www.irs.gov), click "Get a tax transcript" from the Tools menu. Click "Get Transcript ONLINE" and follow the prompts to request a Verification of Non-filing Letter and receive a PDF. You will need to register with the IRS to use this online service. You may also submit Form 4506-T to the IRS and select option #7. The IRS will mail a verification of Non-filing Letter within 10 business days from when the IRS receives the form. **When submitting the transcript please include your name and SPU ID number! If you are unable to obtain this, please contact Student Financial Services for assistance.**

**\*\*\*ATTACH IRS VERIFICATION OF NON-FILING LETTER TO THIS FORM\*\*\***

### **SECTION TWO: Wages (W-2)** (check the appropriate box below)

I/we did not work and had no income earned from work during **2019**.

OR

I/we did work and earned W-2 income from work during **2019**.

Please complete the table below using information found on your **2019** U.S. Income Tax Return and W-2 forms.

**\*\*\*ATTACH COPIES OF YOUR W-2S TO THIS FORM\*\*\***

Parent(s)' Name on W-2 (Box e)	W-2 Box 1 Amount	W-2 Boxes 12a-12d (only codes D* (*not DD), E, F, G, H, & S) Total Amount	W-2 Box 14 Housing or Living Allowance Total Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

If additional space is needed to report W-2 earnings, please use the reverse side of this form.

OR

If you did not receive a W-2, but did work in **2019** please provide source of income and amount:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

22222		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation Enter in "W-2 Amount 1" Box		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security 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	
				12b	
				12c	
				12d	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement  
 Copy 1 – For State, City, or Local Tax Department

2020

Department of the Treasury – Internal Revenue Service

Enter in "W-2 Box 14". Only enter an amount listed as "Housing or Living Allowance", and include the total amount listed.

Enter in "W-2 Boxes 12a-12d" box. The **only** amounts that should be included are ones associated with the following codes: D (*not* DD), E, F, G, H, S.