

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

## **Student Financial Services**

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-forms@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

## 2021 - 2022 SPOUSE INCOME AND NON-TAX FILER STATUS FORM

Note: FAFSA applicants must submit tax information	n from <u>two</u> years prior—	in this case, <u><b>2019</b></u> .				
SECTION ONE: Verification of Nonfiling	<mark>ղ (</mark> submit an IRS Ver	ification of Non-filing Letter)				
You indicated on your FAFSA that you did not file a You can request one at www.irs.gov, click "Get You the prompts to request a Verification of Non-filing L service. You may also submit Form 4506-T to the libusiness days from when the IRS receives the form ID number!  ***ATTACH IRS VERIFIED.	ur Tax Transcript" from thetter and receive a PDF. RS and select option #7. n. When submitting the	e Tools menu. Click "Get Transcript C You will need to register with the IRS The IRS will mail a verification of Non	ONLINE" and follow to use this online n-filing Letter within 10			
SECTION TWO: Wages (W-2) (check the appropriate box below)						
☐ Check here if you did not work and had no incor	me earned from work duri	ng <b>2019</b> .				
OR ☐ Check here if you did work and earned W-2 inco	ome from work during 201	<u>9</u> .				
Please complete the table below using info	rmation found on yo	ur <u>2019</u> federal tax return and W	/-2 forms.			
***ATTACH	COPIES OF YOUR W-2	s TO THIS FORM***				
Spouse Name on W-2 (Box e)	W-2 Box 1 Amount	W-2 Boxes 12a-12d (only codes <u>D</u> * (*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 OR ☐ If you did not receive a W-2, but did work in 201 Source:	9 please provide source	ease use the reverse side of this form of income and amount: Amount: \$				
By signing this verification statement, I attest that all asked, I agree to submit documentation supporting the			t of my knowledge. If			
WARNING: If you purposely give false or misleading i	nformation on this worksh	eet, you may be fined, sentenced to pr	ison, or both			
Student Signature Da	te Phone	Email				

55555	a Employee's social security number	OMB No. 1545	-0008			
<b>b</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	
		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,	