



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 STUDENT INCOME AND 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: Tax Filer Status (check the appropriate box below)

Check here if you will not file and are not required to file a **2019** U.S. Income Tax Return.

OR

Check here if you have filed or will file a **2019** U.S. Income Tax Return.

OR

Check here if you have been granted a tax filing extension by the IRS. Please attach a copy of IRS Form 4868 or copy of IRS Extension Approval.

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

Check here if you did not work and had no income earned from work during **2019**.

OR

Check here if you did work and earned W-2 income from work during **2019**.

Please complete the table below using information found on your **2019** federal tax return and W-2 forms.

*****IF YOU DID NOT FILE A 2019 TAX RETURN YOU MUST ATTACH YOUR W-2s TO THIS FORM*****

Student 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: \$ _____

SECTION THREE: Business and Farm Income (Reported on U.S. Income Tax Return Form 1040 only)

Check here if you reported income on Schedule 1, Line 3 of your **2019** U.S. Income Tax Return Form 1040:

Name of Business Owner: _____ Amount of Income Reported: \$ _____

Check here if you reported income on Schedule 1, Line 6 of your **2019** U.S. Income Tax Return Form 1040:

Name of Farm Owner: _____ Amount of Income Reported: \$ _____

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

Student 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	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				14 Other	
				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.