



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

2022 - 2023 SPOUSE INCOME AND TAX FILER STATUS FORM

STUDENT NAME: _____ SPU ID: _____

Note: FAFSA applicants must submit tax information from **two** years prior—in this case, **2020**.

SECTION ONE: Tax Filer Status (check the appropriate box below)

Check here if you will not file and are not required to file a **2020** U.S. Income Tax Return.

OR

Check here if you have filed or will file a **2020** 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 **2020**.

OR

Check here if you did work and earned W-2 income from work during **2020**.

Please complete the table below using information found on your **2020** federal tax return and W-2 forms.

*****IF YOU DID NOT FILE A 2020 TAX RETURN YOU MUST ATTACH YOUR W-2s 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 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 **2020** 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 **2020** 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 **2020** 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

Spouse Signature _____ Date _____ Phone _____ Email _____