

2025-26 Parent Non-Tax Filer Verification

STUDENT INFORMATION

Student Name

AU Student ID

DO NOT COMPLETE THIS FORM IF IT HAS NOT BEEN REQUESTED. This form cannot be completed in pencil. On your 2025-26 FAFSA, you indicated that your parent(s) did not file a **2023** Federal Income Tax Return. **Please note we are requesting information regarding income earned in 2023 and <u>not</u> income earned in 2024.**

Section A: Tax Return Information

NO, the parent(s) did not file and were not required to file a 2023 Federal Income Tax Return but were employed and had income earned from work in 2023.

NO, the parent(s) named ______ did not file and were not required to file a 2023 Federal Income Tax Return. The parent(s) were not employed and had no income earned from work in 2023.

Section B: Income Information

List below the sources and amounts of earnings, other income, and resources that supported you for the 2023 tax year.

| Employer's Name or Source of Income/Resources | 2023 Annual Amount | 2023 W-2 Information |
|--|--------------------|---|
| | \$ | Copy of 2023 W-2 is submitted W-2 requested from employer Wage and Income Transcript requested from IRS No W-2 since other income or resources |
| | \$ | Copy of 2023 W-2 is submitted W-2 requested from employer Wage and Income Transcript requested from IRS No W-2 since other income or resources |
| | \$ | Copy of 2023 W-2 is submitted W-2 requested from employer Wage and Income Transcript requested from IRS No W-2 since other income or resources |

Section C: Verification of Nonfiling Taxes

Only needed if would file a tax return with a tax authority other than the IRS if were to file taxes.

Provide documentation from the IRS indicating a 2023 Federal Income Tax Return was not filed. To request this, submit IRS Form 4506-T to the IRS. When the IRS mails you the documentation, submit it to the Office of Financial Aid.

Check here if confirmation of nonfiling is attached.

Check here if confirmation of nonfiling will be provided later.

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial aid will be credited to the student's account. I understand that if corrections need to be made to the student's FAFSA, the Office of Financial Aid will make the corrections based on the verification process. If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it may take a minimum of two weeks for the Office of Financial Aid to process documents.

| Student Signature \rightarrow Must be drawn and not typed. | Date | |
|--|------|--|
| Parent Signature \rightarrow Must be drawn and not typed. Check here if you do not have an SSN, ITIN, or EIN. | Date | |

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324 **Questions:** Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.