2026-27 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 2026-27 FAFSA, you indicated that your parent(s) did not file a **2024** Federal Income Tax Return.
Please note we are requesting information regarding income earned in 2024 and not income earned in 2025.

Section A: Tax Return Information

☐ NO, the parent(s) did not file and were not required to file a 2024 Federal Income Tax Return but were employed and had income earned from work in 2024.

☐ NO, the parent(s) named_____ did not file and were not required to file a 2024 Federal Income Tax Return. The parent(s) were not employed and had no income earned from work in 2024.

Section B: Income Information

List below the sources and amounts of earnings, other income, and resources that supported you for the 2024 tax year.

Employer's Name or Source of Income/Resources	2024 Annual Amount	2024 W-2 Information
	$	❒ Copy of 2024 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 2024 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 2024 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 2024 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 →**Must be drawn and not typed.** Date

_____ _____
Parent Signature →**Must be drawn and not typed.** Date

❒ Check here if you do not have an SSN, ITIN, or EIN.

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.