AURORA UNIVERSITY

# 2027–2028 Student 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 2027–2028 FAFSA, you indicated that you did not file a **2025** Federal Income Tax Return.
**Please note we are requesting information regarding income earned in 2025 and not income earned in 2026.**

## SECTION A: TAX RETURN INFORMATION

☐ I did not file and am not required to file a 2025 Federal Income Tax Return but was employed and had income earned from work in 2025.
☐ I did not file and am not required to file a 2025 Federal Income Tax Return. I was not employed and had no income earned from work in 2025.

## SECTION B: INCOME INFORMATION

List the sources and amounts of earnings, other income, and resources that supported you for the 2025 tax year.

| EMPLOYER'S NAME OR SOURCE OF INCOME/RESOURCES | 2025 ANNUAL AMOUNT | 2025 W-2 INFORMATION |
|---|---|---|
| | $ | ☐ Copy of 2025 W-2 submitted<br>☐ W-2 requested from employer<br>☐ Wage and Income Transcript requested from IRS<br>☐ No W-2 (other income or resources) |
| | $ | ☐ Copy of 2025 W-2 submitted<br>☐ W-2 requested from employer<br>☐ Wage and Income Transcript requested from IRS<br>☐ No W-2 (other income or resources) |
| | $ | ☐ Copy of 2025 W-2 submitted<br>☐ W-2 requested from employer<br>☐ Wage and Income Transcript requested from IRS<br>☐ No W-2 (other income or resources) |

## SECTION C: VERIFICATION OF NON-FILING TAXES

**Only fill this out if you are an independent student and would file a tax return with a tax authority other than the IRS, if you were to file taxes.**

**Provide documentation from the IRS indicating a 2025 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.

☐ Confirmation of non-filing is attached. ☐ Confirmation of non-filing 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 my student 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 (This must be written by hand, not typed.) 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.*