AURORA UNIVERSITY

2027–2028 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 2027–2028 FAFSA, you indicated that your parent(s) 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

☐ NO, my parent(s) did not file and were not required to file a 2025 Federal Income Tax Return but were employed and had income earned from work in 2025.
☐ NO, my parent(s) named _____ did not file and were not required to file a 2025 Federal Income Tax Return. My parent(s) were 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 ☐ W-2 requested from employer ☐ Wage and Income Transcript requested from IRS ☐ No W-2 (other income or resources)
	$	☐ Copy of 2025 W-2 submitted ☐ W-2 requested from employer ☐ Wage and Income Transcript requested from IRS ☐ No W-2 (other income or resources)
	$	☐ Copy of 2025 W-2 submitted ☐ W-2 requested from employer ☐ Wage and Income Transcript requested from IRS ☐ No W-2 (other income or resources)

SECTION C: VERIFICATION OF NON-FILING TAXES

Only fill this out if your parent(s) would file a tax return with a tax authority other than the IRS, if your parent(s) 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 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 (This must be written by hand, not typed.) Date

_____ _____
Parent 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.