

2022-23 Verification of Income for Non-Tax Filers



Student Name _____ CCC ID or Last 4 of SSN _____

You indicated on your FAFSA that you or someone in your household (spouse or parent) will not file and are not required to file a 2020 federal income tax form with the IRS. That individual must complete this form. If the non-tax filer status applies to more than one person, each non-filer will need to complete a separate form.

Non-Tax Filer Name _____ Relationship to Student (Student/Spouse/Parent) _____

Check all that apply to the Non-Filing Tax Person:

- I attempted to get a Non-Tax Filer letter from the IRS but was unsuccessful.
Date attempted: _____
- I was not employed and had no income earned from work in 2020. I was not required to file a tax form.
- I was employed in 2020 but did not file a federal income tax form. I was not required to file.
Attached are copies of my 2020 W-2 forms.

List every employer even if the employer did not issue an IRS W-2 form.

Employer	2020 Work Income	Did you receive a W-2 form?
Total Amount of Income Earned from Work	\$	

Certification

*Signing below certifies that all of the information reported is complete and correct.
An electronic signature is not valid.*

Non-Filer Signature _____ Date _____

**WARNING: If you purposely give false or misleading information,
you may be fined, sent to prison, or both.**

Please return this form to the Financial Aid Office at the location you plan to attend.

Call 308-398-7555 if you have questions. Email to financial@cccneb.edu or mail to:

Central Community College – Columbus	PO Box 1027	Columbus, NE 68602-1027
Central Community College – Grand Island	PO Box 4903	Grand Island, NE 68802-4903
Central Community College – Hastings	PO Box 1024	Hastings, NE 68902-1024
Central Community College – Kearney	PO Box 310	Kearney, NE 68848-0310

Proceed to the next page if you are an independent student (parent information not required), the spouse of an independent student, or the parent of a dependent student.

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Student Name _____ CCC ID or Last 4 of SSN _____

Non-Tax Filer

Non-Tax Filer Name _____ Relationship to Student (Student/Spouse/Parent) _____

Other Income Sources

The non-tax filer received the following public assistance (family included, if applicable) in 2019 or 2020.

- | | |
|--|--|
| <input type="checkbox"/> ADC/AFDC | <input type="checkbox"/> VA Benefits (yearly) \$ _____ |
| <input type="checkbox"/> Food Stamps/TANF | <input type="checkbox"/> Workman's Compensation |
| <input type="checkbox"/> Medicaid/Untaxed Social Security Benefits | <input type="checkbox"/> Other _____ |

The non-tax filer was supported in 2020 by:

- | | |
|--|--------------------|
| <input type="checkbox"/> Family Member Name _____ | Relationship _____ |
| <input type="checkbox"/> Friend/Significant Other Name _____ | |

Please provide a brief statement of how the non-tax filer/family was supported.

Certification

Signing below certifies that all of the information reported is complete and correct. An electronic signature is not valid.

Non-Filer Signature _____

Date _____

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