



# Parent Non-Filer Statement 2017-2018

Name: \_\_\_\_\_  
Student's Name (Last, First, M.I.)

ID: \_\_\_\_\_  
Student Identification Number (SID)

This form is to be completed by the parent(s) whose information was reported on the *Free Application for Federal Student Aid* (FAFSA). Complete this form if you will not file, and are not required to file, a 2015 federal income tax return (i.e. Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico, or a foreign income tax return). To determine if you are required to file a 2015 federal income tax return, view the tables at [www.irs.gov](http://www.irs.gov)

**1. What was your marital status as of the date your student's FAFSA was originally completed? (check one)**

- Single (separated, divorced, widowed, or never married) Complete Step 2 & skip 3
- Married (married, remarried) Complete Step 2 & 3

**2. Did you file or are you required to file a 2015 federal tax return?**

- Yes (Submit a copy of your federal tax return transcript to our office and do not include your info below.)
- No (Include yourself in Step 4.)

**3. Did your spouse (if married) file or is he/she required to file a 2015 federal tax return?**

- Yes (Submit a copy of your spouse's federal tax return transcript to our office and do not include his/her info below.)
- No. (Continue to Step 4 and include yoursouse.)

**4. Indicate your employment type(s) and provide annual work income received in 2015 for each type.**

Include all earnings from work, even if a W-2 was not received. Enter "0" if no income; do not leave any lines blank.

Your Name _____	Birthdate (Month/Year) _____
<input type="checkbox"/> Work Income from Company/Organization	\$ _____
<input type="checkbox"/> Work Income from Self-Employment	\$ _____
Spouse's Name _____	Birthdate (Month/Year) _____
<input type="checkbox"/> Spouse's Work Income from Company/Organization	\$ _____
<input type="checkbox"/> Spouse's Work Income from Self-Employment	\$ _____

**5. List untaxed income received in 2015 for you (and spouse if married).**

Enter "0" if no income; do not leave any lines blank.

Tax-deferred Pension/Savings: <i>Including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S</i>	\$ _____
Military/Clergy Allowance: e.g., housing, food, other living allowances, etc. <i>Do not include on-base military housing or a military housing allowance, or combat pay.</i>	\$ _____
Veterans Non-Education Benefits: e.g., disability, death pension, etc.	\$ _____
Other Untaxed Income: e.g., workers' compensation, disability, etc. <i>Do not include student aid (grants or loans), welfare payments, untaxed Social Security benefits, Supplemental Security Income, WIA educational benefits or benefits from flexible spending arrangements.</i>	\$ _____

By signing this form, I certify that all the information provided is complete and accurate.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Please submit your form by mail, fax or in person to the Office of Financial Aid  
2404 North Grand Ave. • Tyler, Texas 75702 • fax 903-593-9607 • [www.texascollege.edu](http://www.texascollege.edu)