2020-2021 Parent of Dependent Student Non-filing Statement

Student's name	Stud	dent Z#	
First name	Last name		
Parents:		1 2 2 2 5	
	U.S. Federal Income Tax return, do not le taxes based on IRS determination th		
and request a Foreign Income w tax return or employer stateme	orksheet from the financial aid office. Attach a t nt. ounts earned or received from January 1 to Dece	Federal Income Tax return, check this box ☐ complete this for translated documentation of your income, such as a signed forember 31, 2018. Please complete all entries, indicating "0" who	ign
Sources of Income in 2018:		Total Amount in 2018	
Gross income earned by Parent 1 in 201 self-employed). Attach W-2 forms or 1		1. \$	
2. Gross income earned by Parent 2 in 20 self-employed) . Attach W-2 forms or 1	18 (Including business income if 099 form of earnings	2. \$	
 Social Security benefits received by par (Including Social Security received for y Welfare benefits, including Temporary 	our dependent children)	3. \$ 4. \$	
received by parent(s) 5. Pension, annuities and IRA distribution		ς ¢	
6. Total cash received or any money paid	on parents' behalf as child support received.) Please specify source	5. \$ 6. \$ of	
	ances (excluding rent subsidies for low-income ers (Include cash payments and cash value of ben	7. a. \$ b. \$ c. \$ pefits) d. \$ e. \$ f. \$	
8. TOTAL INCOME (Add lines 1 though 7f)		8. \$	
Please explain how you provided for yours	self and/or household in 2018 (may attach signe	d Statement):	
Internal Revenue Service (IRS) Verificatio	n of Nonfiling letter. I (we) affirm that all the inf tatements or misrepresentation will be cause of	Federal Income Tax return. I (we) have attached an official formation on this form is true and correct to the best of my (our denial, reduction, withdrawal or repayment of financial aid.	r)
I (student) certify that I have a:	SSN Tax ID #	Employment Authorization # None of these	
Parent 1 (if applicable) certify that I have a	:: SSN Tax ID #	Employment Authorization # None of these	
Parent 2 (if applicable) certify that I have a	: SSN Tax ID #	Employment Authorization # None of these	
Parent 1 Signature	Date		
Parent 2 Signature	Date		
Student Signature	Date		
777 Glades Road 32 Building SU 80, Room 233 Bu Boca Raton, FL 33431-0991 Da	vie Campus Jupiter Cam 00 College Avenue Office of Stu ilding LA 122 5353 Parksi vie, FL 33314 Jupiter, FL 3 I: (954) 236-1229 Tel: (561) 7	udent Financial Aid – SR 134 de Drive 33458	19