



2024 Parent's Spouse or Partner Non-Filing Worksheet
Office of Student Financial Aid | Florida Atlantic University
FORM: VNFO24

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This form should be used by the person reported as "parent spouse/partner" on the student's FAFSA. The parent has not filed and, under IRS or other relevant tax authority rules (e.g., the Republic of the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, a U.S. territory or commonwealth or a foreign government), is not required to file a 2024 income tax return. If this is not accurate and the parent has filed or is required to file a tax return, notify the Office of Student Financial Aid.

Student Name and Z Number: _____

Your Name: _____

Your relation to student: _____

Section 1: List Sources and Amounts of Earnings

All sources and amounts of earnings, other income, and resources that supported you during the 2024 tax year must be listed below. List the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form or an equivalent is provided. Provide copies of all 2024 IRS W-2 forms or an equivalent document. List every employer even if the employer did not issue an IRS W-2 form. If additional space is needed, attach a separate statement.

Employer or Other Income Source	Amount Earned or Received	W2 Provided?

Section 2: Non-IRS Tax Authorities

Was the income above earned under a tax authority other than the IRS (e.g., the Republic of the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, a U.S. territory or commonwealth or a foreign government)?

☐ **Yes**, this income was earned under a non-IRS tax authority. I will submit verification of non-filing dated on or after October 1, 2025 from the relevant tax authority.

☐ **No**, this income was earned under IRS tax authority. I will proceed to section 3 of this form.

Section 3: SSN Attestation

Which of the following applies to you? Select one.

☐ I certify that I have a Social Security Number (SSN), an Individual Taxpayer Identification Number (ITIN) or an Employer Identification Number (EIN).

☐ I certify that I **do not** have a Social Security number (SSN), Individual Taxpayer Identification Number (ITIN), or an Employer Identification Number (EIN).

Section 4: Certification and Signature

The person signing below certifies that all of the information reported is complete and correct.

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

Student's Signature

Date

Parent's Spouse's Signature

Date

Parent spouse signature must be signed by hand ("wet"). Parent spouse typed signature will not be accepted.