

OFFICE OF FINANCIAL AID

120 East 149th Street, Savoy Building RM B-115 Bronx, NY 10451 Tel: (718) 518-6555, Fax: (718) 518-4430

Non-Filer Statement 2016-2017

Last Name:	First Name:
Last Four Digits of SSN:	
Income Ea	arned in 2015
□Student \$	□Spouse \$
□ Parent 1 \$	☐ Parent 2 \$
The following document must be provided with this fo	orm:
• 2015 W-2 Form (s)	
Note: If applicable, copies of all 2015-W2 forms must	t be attached <u>OR</u>
☐ Student ☐ Spouse did not and will not file a Federa	al Tax Return for the year 2015
\square My parent(s) did not and will not file a Federal Tax	Return for the year 2015
The following documents <u>must</u> be provided with this f	form:
Wage Statement	
 Verification of non-filing — this document is part the year 2015. By completing the "Request for Transco By calling 1-800-908-9946 	proof from the IRS that you did not file a tax return for cript of Tax Return" form (4506-T), or
Important: This form must be signed by the	student and at least one parent, if dependent.
of non-filing for the year 2015 until after June 15 $^{ m th}$ of th	ne Internal Revenue Services will not be issuing Verification ne current calendar year, it is your responsibility to provide availability. <i>Failure to submit it may delay the processing</i>
Student Signature:	Date:
Parent Signature:	Date:

Non-Discrimination Notice - Hostos Community College does not discriminate on the basis of race, color, national origin, sex, disability, age, or any other category protected under federal, state, and city laws in its programs and/or activities. Inquiries regarding the College's non-discrimination policies can be directed to: Compliance Officer Michelle Dickinson (Room A-336) at 718-518-4284 or <a href="mailto:modelness-nation-natio