

The instructions and certifications below apply to each parent (or stepparent, if applicable) included in the household. Complete this section if the parent(s) will not file and are not required to file a 2024 income tax return with the IRS.

This form will be rejected if it is incomplete or illegible...please complete carefully!

STUDENT INFORMATION – Please print clearly.

Student Name (Last Name, First Name)

Ursuline Student ID

I have not filed, **AND** I am not required to file a 2024 Federal Tax Return. *(Circle Parent 1 and/or Parent 2)*

Parent 1 / Parent 2 I was unemployed, had no income earned from work nor received income from other sources during the 2024 tax year.

Parent 1 / Parent 2 I was employed, earned income from work, and/or received income from other sources during 2024 tax year.

List every employer and/or other income sources even if they did not issue an IRS W-2 or 1099 form. If more space is needed, provide a separate page with the student’s name and student ID number at the top.

Employer’s Name and/or Other Sources of Income	IRS W-2/1099 Provided?	Annual Amount Earned in 2024
<i>(Example) ABC’s Auto Body Shop</i>	<i>Yes</i>	<i>\$4,500.00</i>
Total Amount of Income Earned from Work		\$

You must submit copies of each W-2 Form(s), 1099 Form(s), and/or proof of other income sources.

CERTIFICATION

By signing this worksheet, I certify that I have not filed and am not required to file a 2024 income tax return, and I have listed all income earned from work, other income, and resources for the 2024 tax year. I understand that the Office of Financial Aid reserves the right to request additional information as needed. Furthermore, I understand that all requested information must be received three (3) weeks prior to the end of the semester for which I wish to receive aid. Failure to do so may result in the student not being eligible to receive financial aid. **WARNING** If you purposefully give false or misleading information, you may be fined, sentenced to jail, or both.

Parent 1 Name (Please Print)

Parent 1 Signature

Date

Parent 2/Stepparent Name (Please Print)

Parent 2/Stepparent Signature

Date

Office of Financial Aid