

Student Name \_\_\_\_\_

## NPTX18

Student Services Center 235 North National Avenue PO Box 1940 Fond du Lac, WI 54936-1940 920-924-3207 1-800-472-4554 financialaid@morainepark.edu Fax (920) 924-3421

## 2017-2018 Parent/Parents' Nontax Filer's Form

Fill out Completely and Return to the Student Services Center

Student ID Number	
Parent Name	
Complete this form if the parent/parent(s) did not file and <u>were not required</u> to file a 2015 income tax return with the IRS. This form will be considered incomplete and will be returned to you if any items are left blank, missing items, (W2s) the form is completed with all zeros, and will delay processing of your student's financial aid award.	
List all sources of earned and untaxed income and benefits that you (and/or your spou	se) received in 2015. BE SURE TO LIST
	2015 Total Year Amount
Income Earned From Work (Must attach all W2s from employers)	
(Employer's name)	\$
Welfare/Wisconsin Works (W-2) Benefits/TANF	\$
Child Support (Include Disregard Payment if on Wisconsin Works (W-2))	\$
Earned Income Credit	\$
Foreign Income Exclusion	\$
Social Security	\$
Supplemental Security Income (SSI)	\$
Unemployment Compensation	\$
Untaxed Capital Gains	\$
Untaxed Dividends	\$
Other Untaxed Income and/or Earnings (if you indicated all zeros in the iten you lived/paid bills during 2015)	ns above, please indicate how
I (We) hereby certify that no income tax return has been or will be filed for the 20 income and benefits are reported in this statement.	15 calendar year and that <b>all</b> 2015
Parent's Signature	Date