

	<b>2019-2020</b> <b>Student 2017 Non-Filing Statement</b>	Office of Student Financial Aid 1021 Dulaney Valley Road Baltimore, Maryland 21204-2794 P: 410-337-6141 F: 410-337-6504 E: finaid@goucher.edu
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This form is required for the student if they **did not and were not required to file** a 2017 federal income tax return.

**Student's information:**

_____	_____	_____
Student Last Name	Student First Name	Goucher ID Number

Please indicate the sources and amounts of any income during the 2017 year. Any foreign income should be converted to U.S. dollars. (<http://finance.google.com/finance/converter>)

(Please indicate "N/A" and an amount of \$0 if you had no income.)

Employer or Source of Income	Amount
	\$
	\$
	\$
	\$

**If you had income, you will need to provide copies of 2017 W2's and/or 1099 forms from ALL employers.** Replacement copies may be obtained from your employer or by requesting a 2017 [Wage and Income Transcript](#) from the IRS. If a W2 or 1099 was not issued to you for some reason, then please explain:

\_\_\_\_\_

## Signed Statement of Non-Filing

**STATEMENT OF UNDERSTANDING**

- I certify that all of the information provided and any supporting documentation submitted is true and accurate.
- I certify that I was not required to file a 2017 tax return with the IRS.
- I certify that I attempted to obtain a verification of nonfiling from the IRS or other tax authority and was unable to obtain the required documentation.
- I understand that if information provided establishes that it appears I was required to file ([as per IRS regulations in Publication 17](#)), that additional documentation may be necessary to establish why I was not required to file.
- I understand that if I was required to file a 2017 return and am unable or unwilling to file, then I will not be eligible for any federal financial aid programs, including federal student loans, and may not be eligible for other types of need-based financial aid.
- I understand that any outstanding balance to Goucher College based on any change in eligibility for financial aid becomes my responsibility to pay.

_____	_____
Student's Signature	Date

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, then mail, fax, or scan and e-mail.)