

## Office of Financial Aid

Phone: (740)389-4636 Fax: (740)725-4008 Email: financial-aid@mtc.edu

## 2025-2026 Independent Student Nontax Filer Statement

Student's Name: Social		al Security #	
	nstructions and certifications below apply to the student and spous ection if the student and spouse will not file and are not required to		
Chec	ck the box that applies:		
	The student and spouse were not employed and had no income earned from work in 2023.		
	The student and/or spouse were employed in 2023 and have listed below the name of all employ amount earned from each employer in 2023, and whether an IRS W-2 form is provided. [Provide of all 2023 IRS W-2 forms issued to the student and spouse by their employers]. List all ear and every employer even if the employer did not issue an IRS W-2 form.  If more space is needed, provide a separate page with the student's name and ID number at the		
	Employer's Name	IRS W-2	Annual Amount
	Employor o Name	Provided?	Earned in 2023
	(Example) ABC's Auto Body Shop	Yes	\$4,500.00
	Total Associate Constitution of State Constitution		Φ.
	Total Amount of Income Earned Fron		\$
By si	unable to obtain the required documentation.	turn.	·
I cert			
	ify that all of the information reported on is complete and correct.		
Stude	ify that all of the information reported on is complete and correct.  ent's Signature	Date	_JJ