Confirmation of Non-Tax Filing Status
Tax Year 2024

2026-2027 Academic Year

Wichita State University
Financial Aid and Scholarships

INSTRUCTIONS >>>

The information you provided on the FAFSA or Verification Worksheet indicated you did not file a 2024 federal income tax return. To proceed, verification on how your living expenses were covered in 2024 is required. Complete all sections listed below. For tax filing requirements, visit IRS.gov.

Note: If you have filed or are required to file a 2024 federal income tax return, do not complete this form. Instead, submit your 2024 federal income tax return to the Office of Financial Aid.

Section A >>>

Student's Name:	
Student's myWSU ID:	
Name of Non-Tax Filer:	
Relationship to Student:	

Check only if applicable:

☐ I certify that I have not, will not, and am not required to file a 2024 tax return.
☐ I currently do not have a Social Security Number, ITIN, or EIN

Section B >>>

Check below to confirm which statement reflects your income status for 2024:

☐ I was not employed during the 2024 calendar year.

☐ I was employed during the 2024 calendar year but was not required to file a federal tax return.
➔ (**Attach your 2024 W-2 forms or other earnings statement with this form**.)

Please complete and provide signature on page 2

Tracking Code: NONTXF (Student)
NTXFSP (Spouse)
NTXFP (Parent)
NTXFP2 (Parent 2)

SECTION C >>>
Did you receive any of the following sources of income in **2024**?

Earned Income from Work *(must submit W2's or Wage Statement)*	Yes ☐	No ☐	Amount per month $_____
Other unreported income *(Income from UNOFFICIAL employment, i.e., babysitting, lawncare, housekeeping, etc.)*	Yes ☐	No ☐	Amount per month $_____
Additional Earnings *(Charitable giving's and winnings from the lottery, gambling or sports betting.)*	Yes ☐	No ☐	Amount per month $_____
Supplemental Security Income/Disability	Yes ☐	No ☐	Amount per month $_____
Child Support	Yes ☐	No ☐	Amount per month $_____
Public Assistance (TNAF)	Yes ☐	No ☐	Amount per month $_____
Social Security Benefits or Retirement Benefits	Yes ☐	No ☐	Amount per month $_____
Worker's Compensation	Yes ☐	No ☐	Amount per month $_____
Support from Relatives or Friends	Yes ☐	No ☐	Amount per month $_____
Free Rent/Housing Allowances	Yes ☐	No ☐	Amount per month $_____
Veteran's Non-Educational Benefits (pensions, death, DIC)	Yes ☐	No ☐	Amount per month $_____
Military Housing or Food Allowances	Yes ☐	No ☐	Amount per month $_____

CERTIFICATIONS AND SIGNATURES >>>
Warning: If you receive student aid based on incorrect information, you may have to return and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined $20,000, receive a prison sentence, or both.

Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation.

_____ _____ _____
Signature of the Non-Tax Filer Date Printed Name of the Non-Tax Filer
Typed Signature cannot be accepted