

STATEMENT OF NON-FILER STATUS

NAME:

SSN:

Please check all that apply

I did not work in tax year _____ and will not file a tax return.

I was not required to file a tax return in tax year _____.

I worked in tax year _____ and had income in the following amounts from the following sources:

Name of Employer	Student Amount	Spouse or Parent Amount

Student Signature

Date

Parent or Spouse Signature
(if applicable)

Date

Please return this completed form to :

West Virginia State University
Office of Student Financial Assistance
PO Box 1000, A 324
Institute, WV 25112
304-766-3131 (phone)
304-766-3335 (fax)