



Student Non-Filer Worksheet – 2024 Tax Year

STX27

Student Name: _____ Student ID: _____

If married, Spouse's Name: _____

Complete this form if you or your spouse (if married) **did not file and are not required to file** a 2024 federal income tax return with the IRS.

By completing and signing this form, I/we certify that I have not and am not required to file a 2024 federal income tax return. All income earned from work, other income, and resources received for the **2024 tax year** are accurately reported below.

Student Employment and Income Status

☐ The student (and, if married, the student's spouse) was **unemployed in 2024** and had **no income from work**.

☐ The student (and, if married, the student's spouse) was **employed in 2024**.

List all **employers** and the **amount earned** from each. Indicate whether an IRS W-2 form or equivalent document is provided. Attach copies of all 2024 IRS W-2 forms or equivalent issued by your employers.

☐ The student (and, if married, the student's spouse) had **other income or resources** in 2024.

List each source of income below and amounts received, even if no W-2 was issued..

Employer's Name or Other Sources of Income	Amount Earned in 2024	W-2 or an Equivalent Document Provided?
<i>(Example) ABC's Auto Body Shop</i>	<i>\$4,500.00</i>	<i>Yes</i>
Total Amount of Income	\$	

If more space is needed, provide a separate page with your name and ID number.

Foreign or U.S. Territory Non-Filer Statement

If you or your spouse would file a **non-IRS tax return** from a foreign country or U.S. territory, you must provide a signed and dated statement certifying:

1. The individual is **not required** to file a 2024 income tax return.
2. The **sources and amounts** of earnings, other income, and resources that supported the individual(s) for the 2024 tax year.

Certification and Signatures

By signing below, I/we certify that all information provided on this form is true and complete to the best of my/our knowledge.

Student/Spouse Signature (*Wet Signature Required*): _____ Date: _____

Return the completed form to: **Blugold Central Student Services**