2015-2016 Non-Tax Filer’s Statement

<table>
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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Aggie ID:</th>
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<tr>
<td>NMSU Email:</td>
<td>Phone Number:</td>
<td>Current Semester:</td>
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On your FAFSA, you indicated that you or your parent(s) will not file a 2014 Federal Tax Return based on the income thresholds established by the Internal Revenue Service. Please indicate “yes” or “no” to the following questions. If you answer “yes” to any questions, please indicate specific amounts and attach any documentation that supports your answer(s). Please also indicate for whom you are providing information by selecting student, parent or both, below:

☐ Student ↓↓↓

1. Did you or your parent(s) receive any wages from work in 2014?

☐ Yes ☐ No If yes, list amount__________

☐ Yes ☐ No If yes, list amount__________

2. Did you or your parent(s) receive any self-employment income in 2014?

☐ Yes ☐ No If yes, list amount__________

☐ Yes ☐ No If yes, list amount__________

3. Did you or your parent(s) receive any Veteran’s Non-Educational Benefits, disability, death pension, dependency or indemnity compensation, and/or VA educational work-study allowances in 2014?

☐ Yes ☐ No If yes, list amount__________

☐ Yes ☐ No If yes, list amount__________

4. Did you or your parent(s) receive child support in 2014?

☐ Yes ☐ No If yes, list amount__________

☐ Yes ☐ No If yes, list amount__________

5. Did you or your parent(s) receive any other source of income not listed in the previous questions? Examples include Social Security benefits, SSI, TANF, SNAP, etc. If yes, list the type of income in the box below.

Indicate Source of Income: ____________

☐ Yes ☐ No If yes, list amount__________

Indicate Source of Income: ____________

☐ Yes ☐ No If yes, list amount__________

**If you received support from any other individual for your expenses or indicated all zeroes, please explain:
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

All the information on this form is complete and correct to the best of my (our) knowledge.

By signing this statement, I agree to the certification statement above.

Student Signature: ______________________________ Date: ______________________________

Parent Signature: ______________________________ Date: ______________________________