

Please return this form to:

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2023-2024 Verification of Non-Filing Attempt Form

SECTION A: STUDENT INFORMATION							
STUDENT NAME:					Sтис	DENT ID:	
ADDRESS:					CELL	Phone:	
CITY:	_		STATE:	ZIP:	Email:		
SECTION B1: STUDENT CERTIFICATION (IF APPLICABLE TO STUDENT)							
Ø							
\square	I certify tha	l was not employed in tax y	was not employed in tax year 2021 and had no income earned from work, therefore, I do not have any W-2				
	Statements	any other documents that I can submit for tax year 2021.					
	OR						
	I certify that I was employed in tax year 2021 and submitted a Student Tax Filing Verification Form stating my sources of 202						
	income and	the amount of income earne	d from each source a	s well as a copy	of my 2021 W-2 Sta	itement(s) for each source.	
	I certify that I have attempted to obtain a Verification of Non-Filing from the IRS or other authorities and was unable to obtain						
	the required documentation as evidenced by the attached IRS Form 4506-T and supplemental documentation.						
SECTION B2: PARENT CERTIFICATION (IF APPLICABLE TO PARENT)							
☑ I certify that I have not filed and am not required to file a 2021 federal income tax return.							
	I certify that I was not employed in tax year 2021 and had no income earned from work, therefore, I do not have any W-2						
	Statements	ents or any other documents that I can submit for tax year 2021.					
	OR						
	I certify tha	certify that I was employed in tax year 2021 and submitted a Student Tax Filing Verification Form stating my sources of 2021					
	income and	the amount of income earne	d from each source a	s well as a copy	y of my 2021 W-2 Sta	atement(s) for each source.	
	☑ I certify that I have attempted to obtain a Verification of Non-Filing from the IRS or other authorities and was unable to						
	the required	documentation as evidence	d by the attached IRS	5 Form 4506-T	and supplemental doc	umentation.	
By entering my name below, which serves as my electronic signature, I certify the information on the form and any associated documents submitted are accurate and complete to the best of my knowledge and that there is no forgery. The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.							
STUDENT SIGNATURE		E:			DATE:		
(IF APPLICABLE) PARENT SIGNATURE					DATE:		
(IF APPLI							