

## Non-Tax Filer Statement (1819) (To Be Signed at the Institution)

SFSC FAO Staff Member Signature		Date	
You must appear in person at South Florida State College's government-issued photo identification (ID), such as, but not limit			
In addition, you must sign, in the presence of the institutional offi statements provided below. If you are unable to appear in persand return the form to the school.			
Instructions: Complete and submit this form to the Financial Aid Office if you [income tax return with the Internal Revenue Service (IRS). For motion by visiting <a href="https://www.irs.gov/Forms-&amp;-Pubs">https://www.irs.gov/Forms-&amp;-Pubs</a> . Note that the Financial IRS.	nore details, please refer to IRS Pub	olication 17 (page 4-5	, "Do I Have To File A Return?")
Section I: Non-Tax Filer Information Please name the 2016 non-tax filer this form is being completed	for:		
Non-Tax Filer LAST NAME Non-Tax Filer FIRST NAME NAME NAME NAME NAME NAME NAME NAME	n-Tax Filer RELATIONSHIP TO ST	UDENT	
Check the box that applies for the person who <b>DID NOT FILE A</b>	2016 FEDERAL TAX RETURN:		
$\Box$ The non-tax filer named above was not employed and had no	income from work in 2016.		
□ The non-tax filer named above was employed in 2016. (Provid	e the required information in <b>Sectio</b>	n II.)	
Section II: Income Information Please list 2016 income information and provide copies of all W- of whether a W-2 and/or 1099 form was issued. Write "N/A" (for I			
2016 Employer's Name	Amount Earned in 2016	6 W-2/	1099 provided? (Yes or No)
(Student's Signature) (Ste	udent's SFSC ID Number)	(Date)	
(Non-Tax Filer's Signature) (Da	ite)		
	Certificate of Acknowledgement pleted in the Presence of a Notar	y)	
State of			
City/County of, before me,			
(Date) personally appeared,	(Notary's name), and provided to me on t	ha hasia	
(Printed name of signe	r)	ne basis	
of satisfactory evidence of identification(Type of unexpired gove	ernment-issued photo ID provided)	to be the	
above-named person who signed the foregoing instrument.			
WITNESS my hand and official seal			
			(Notary's signature)
	My co	mmission expires on	(Data)
			(Date)

 $Please \ submit \ documents \ to: \\ South \ Florida \ State \ College \ \sim \ Financial \ Aid \ Office, \ Building \ B \ \sim 600 \ W. \ College \ Drive \ \sim \ Avon \ Park, \ FL \ 33825$ 

Revised: 4/30/2018, JAD