

BOSTON COLLEGE

2020–2021 SPOUSE/OTHER CONFIRMATION OF NON-FILER TAX STATUS

Complete this form if you have not and are not required to file a 2018 federal, Puerto Rican, Canadian or any other foreign tax return.

This form may not be used by individuals who work in countries or for tax exempt organizations (e.g., embassies, United Nations, World Bank, DMF, etc.) These individuals must submit signed, translated copies of their foreign tax return or a letter from their employer(s) stating the year's salary and benefit information along with their 2018 year-end pay stub.

Please return this form to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at www.bc.edu/undergradaid. Please note that it takes 48–72 hours for your documents to be added to your financial aid file.

Student's Name _____ Eagle ID. Number _____

Personal Information

Relationship to Student: _____ Name _____
 Student's Spouse Social Security Number _____
 Custodial Parent's Spouse
 Non-Custodial Parent's Spouse

I _____ (name) have not and are not required to file a 2018 federal,

Puerto Rican, Canadian or any other foreign tax return. List the total amounts of all sources of untaxed income received and not reported on a 2018 tax return. If you did work and received a 2018 W-2 or 1099, submit a copy. List every employer below even if the employer did not issue an IRS W-2 or a 1099. Do not leave blanks. Enter 'N/A' or zeros where appropriate.

Wages (If W-2 forms were issued, attach copies to this form.)	Amount: \$ _____	Source: _____
Unemployment Compensation	Amount: \$ _____	Source: _____ N/A _____
Interest/Dividends	Amount: \$ _____	Source: _____ N/A _____
Veteran's Benefits	Amount: \$ _____	Source: _____ N/A _____
Social Security Benefits (total for all family members)	Amount: \$ _____	Source: _____ N/A _____
Child Support (total for all family members)	Amount: \$ _____	Source: _____ N/A _____
Alimony	Amount: \$ _____	Source: _____ N/A _____
Welfare (including AFDC and TANF)	Amount: \$ _____	Source: _____
Other Source	Amount: \$ _____	Source: _____
Total taxable/non-taxable income for 2018	\$ _____	

Signature

I hereby swear or affirm that the information reported on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature _____ Date _____