

BOSTON COLLEGE

2021–2022 SPOUSE/OTHER CONFIRMATION OF NON-FILER TAX STATUS

Complete this form if you have not and are not required to file a 2019 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 2019 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 2019 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 2019 tax return. If you did work and received a 2019 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 2019 \$ _____

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 _____