FINANCIAL AID OFFICE
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2026-2027 Verification of Parent Non-Tax Filer

Print Student's Name _____

LCC ID # _____

Student's LCC Email Address _____

Student's Phone Number (include area code) _____

Complete this form, if you (the parent) and/or your spouse (if married) **will not file AND are not required** to file a 2024 tax return with the IRS. Please sign your initials next to the statement that applies to you and/or your spouse (if married).

_____ I (the parent) **was not employed** and had no income earned from work in 2024.

_____ My spouse (if married) **was not employed** and had no income earned from work in 2024.

_____ I (the parent) **was employed in 2024** and have listed below the names of all employers, the amount earned from each employer in 2024. Please attach all W-2 Forms for each employer.

Employer's Name	IRS W-2 Attached?	Annual Amount Earned in 2024
Example: ABC's Auto Body Shop	Yes	$4,500.00

_____ My spouse (if married) **was employed in 2024** and has listed below the names of all employers, the amount earned from each employer in 2024. Please attach all W-2 Forms for each employer.

Employer's Name	IRS W-2 Attached?	Annual Amount Earned in 2024
Example: ABC's Auto Body Shop	Yes	$4,500.00

Each person signing below certifies that all of the information reported is complete and correct. The parent and parent's spouse (if married) whose information was reported on the FAFSA must sign and date. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Parent Signature Required _____ **Date**

Parent's Spouse Signature (if Married ONLY) _____ **Date**