

ALFRED STATE COLLEGE

Financial Aid Office
Alfred, New York 14802
1-800-4-ALFRED (#2)
FAX: 1-607-587-4298

Return completed statement to the Financial Aid Office

STUDENT NON-TAX FILER'S STATEMENT

For Calendar Year: _____

Student Name: _____ SS#: _____
Please print name

I (we) hereby certify that I (we) will not and am (are) not required to file a Federal Income Tax Return (Form 1040) for the calendar year listed above. ALL sources of income (taxed and untaxed) are listed below for your information.

Source: _____ Amount \$
(DO NOT LEAVE BLANK, IF "\$0", ENTER "\$0")

Source: _____ Amount \$
(DO NOT LEAVE BLANK, IF "\$0", ENTER "\$0")

Source: _____ Amount \$
(DO NOT LEAVE BLANK, IF "\$0", ENTER "\$0")

Student Signature: _____ Date: _____

Spouse Signature: _____