

(PVNF21) Verification of Non-Filing Status - Parent

2023-2024

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: _____ / _____ / _____
Month Day Year

Confirmation of Non-Filing

By completing this document you are verifying that you did not file taxes and were not required to file taxes for the 2021 tax year. Please be sure to include all places of employment for the 2021 along with accurate representation of income earned from each job.

I certify that I, _____, have not filed and am not required to file a 2021 income tax return. I also certify that the listing is complete and accurately reflects my earnings from work in 2021.

- I have attached the required IRS Verification of Non-Filing Letter, which can be obtained by requesting a tax transcript at www.irs.gov/individuals/get-transcript, or requesting a copy by mail using IRS Form 4506-T.
I did not make income in 2021 and I attempted multiple tries to obtain the IRS Verification of Non-Filing Letter from the IRS or other tax authority and was unable to retrieve it.
I earned income in 2021 and I attempted multiple tries to obtain the IRS Verification of Non-filing Letter from the IRS or other tax authority but was unable to retrieve it.
I made a mistake on my 2023-2024 FAFSA, and I did file taxes for the year 2021.

Submit a copy of your 2021 IRS Tax Return Transcript. If you need a copy of your IRS Tax Return Transcript, visit the IRS website at www.irs.gov/individuals/get-transcript, or requesting a copy by mail using IRS Form 4506-T.

Employer's Name 2021 Amount Earned IRS Form W-2 or equivalent document

Table with 3 columns: Employer's Name, 2021 Amount Earned, IRS Form W-2 or equivalent document. Contains 5 empty rows for data entry.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail or both. I also understand that all of the information reported on this form is complete and correct.

Any alteration to this form will not be accepted. All signatures must be handwritten, or signed with DocuSign. Typed signatures will not be accepted.

Printed Name: _____

Signature: _____ Date ____ / ____ / ____

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