



2025-26 Academic Year Non-Tax Filer Statement

Student Name _____ Banner ID _____

Name of Non-tax Filer (please print): _____

Relation to Student (check one): Self Parent 1 Parent 2 Student's Spouse

Instructions: If the parent(s), student, or student's spouse did not and was not required to file a 2023 US federal income tax return, complete this form in its entirety and submit it to the financial aid office. **Each individual must complete and sign a separate Non-tax Filer statement.**

Submission: Upload the completed form, along with copies of IRS W-2 forms and/or equivalent documents, through Brown's [document upload feature](#).

Section 1: Income Earned from Employment. Check the appropriate answer.

- I **was not** employed in 2023 and had no income earned from work.
- I **was** employed in 2023 and have listed below the names of **all** employers, the amount earned from each employer in 2023, and whether an IRS W-2 form, or equivalent document is being provided with this statement. I have listed every employer, even if the employer did not issue an IRS W-2 form.

Employer's Name	IRS W-2 or Equivalent Document Provided? (Yes or No)	Amount Earned in 2023
TOTAL INCOME EARNED FROM WORK IN 2023		

Attach additional pages if the number of employers exceeds the number of lines provided.

CONTINUE TO NEXT PAGE



Section 2: Other Resources and/or Sources of Income. Complete the information below, if applicable.

I had other income and resources that supported the family in the 2023 tax year.

Source/Resource Type	Amount in 2023
Interest and/or Dividend Income	
Child Support Received	
Pension/IRA Distributions	
Other (describe):	
Other (describe):	
TOTAL OTHER INCOME IN 2023	

Attach additional pages if the number of income sources exceeds the number of lines provided.

Signature and Certification Statement

I certify that all information provided and documents submitted with this certification are complete and correct; and that no representation is made with the intent to deceive or defraud any federal, state, or institutional aid program. I understand that if I give false or misleading information on this form, I may be fined, be sentenced to jail, or both.

In signing, I, _____, certify that all information reported on this form is complete and accurate.

Signature* (of Non-tax-Filer): _____ **Date:** _____

***Signature must be handwritten.** Federal regulations do not allow us to accept typed signatures.