

Verification of 2023 Income for Parent Non-tax Filers

| | | UNION Exceptional | Student Name: Last 3 digits of Student ID: | | | |
|--------------------|------------|--|---|---|-------------------------|--|
| 111 | | | | | | |
| \mathcal{B} | e | | Parent Name: | | | |
| | | | | I not file and was not required to file a sor the 2023 tax year are listed below. | 2023 income tax return, | |
| Chec | k all | that apply: | | | | |
| | The fro | certify that the parent listed above was not employed, and had no income earned from work in 2023. he parent listed above was employed in 2023 and has listed below the names of all employers, the amount earned rom each employer in 2023, and whether an IRS W-2 form, or an equivalent document was provided. (Provide opies of all 2023 W-2s or equivalent documents) | | | | |
| | | Employer's Name | W-2 provided? | Annual Amount Earned in 2023 | 3 | |
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| | | | | | | |
| | The | The parent listed above had other income and resources that supported us for the 2023 tax year. (List each source of | | | | |
| | inc | income in the table below. | | | | |
| | | Source of Income | | Annual Amount in 2023 | | |
| | | | | | | |
| | | | | | | |
| | - | son signing below certifies that formation was reported on the | | s complete and correct. The student an | d parent | |
| | Stu | udent Name: | | Date: | | |
| Student Signature: | | | | | | |
| | Par | rent Name: | | Date | | |

Email documents to finaid@mountunion.edu Mail to the Office of Student Financial Aid, 1972 Clark Ave, Alliance, OH 44601 Fax documents to (330) 829-2814

Parent Signature:

Please do not send any personally identifiable information via email (e.g. Social Security Numbers, dates of birth, etc.).