

2026-2027 Non-Tax Filer Certification Form

Your application has been selected for review in a process called Verification. During Verification, SMSU is required to verify income information any person(s) who indicated they did not file/are not required to file a 2024 tax return (CFR Title 34, Part 668).

If differences are found between your FAFSA and the information reported on this form, SMSU will electronically submit the necessary corrections to your financial aid application on your behalf. If the information you provide indicates that you, your parent, or your spouse (if married) were required to file a Federal Tax Return, processing of your financial aid application will stop until that individual file the appropriate return and submits either an IRS Tax Transcript or a signed copy of the Federal Tax Return.

If you have any questions or need assistance, please contact us at 507-537-6281.

Student Name: _____

Mustang ID: _____

Non-Filer Income Verification

Check the box for each person in your family who did **NOT** file a 2024 Federal Tax Return:

<input type="checkbox"/> Student	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> Spouse
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For each person identified above, complete the following chart and provide copies of 2024 W-2 forms from each employer. If you no longer have the 2024 W-2 form(s), you must contact the employer for a duplicate copy. If an individual did not work during 2024, please list this person's name in the chart below and list "DID NOT WORK" under Employer's Name. If more room is needed, attach a separate page.

Non-Filer Name	Relationship to Student	Employer's Name	Amount Earned in 2024	Was a W-2 provided to you? If not, indicate why.

Certification and Signatures:

WARNING: If you purposely give false or misleading information on this worksheet, you may be subject to a \$20,000 fine, a prison sentence, or both. I/We certify that the information provided on this worksheet is complete and accurate to the best of our knowledge.

Student's Signature: _____

Date: _____

Spouse's Signature (if married): _____

Date: _____

Parent 1 Signature (if dependent): _____

Date: _____

Parent 2 Signature (if dependent): _____

Date: _____

Return this completed and signed worksheet to:
 SMSU Financial Aid Office – IL 145 – 1501 State Street – Marshall, MN 56258
 Fax: 507-537-6275 – Email: financialaid@smsu.edu
 Upload the Document Here: [SMSU Financial Aid Document Uploader](#)