

Financial Aid Office, 2755 E. Napier Avenue

Benton Harbor, MI 49022

Phone: 269-927-8112/ Fax: 269-927-8183 Email: finaid@lakemichigancollege.edu

Income Tax Non-Filer Verification Form - STUDENT

Student's First Name La		Last Name N	ΛI	LMC Student ID	
		ons below apply to you (the student) an and are not required to file a 2016 inco		·	
CHECK	THE BOX THAT APPLI	ES:			
	You (and, if married, your spouse) were not employed and had NO income at all earned from work in 2016.				
	OR				
		ou (and/or your spouse if married) were/ he or she was employed in 2016 and have/ has listed below the names of all the student's employers, the amount earned from each employer in 2016, and whether an IRS W-2 form is attached.			
List ev		ll 2016 IRS W-2 forms issued to you (an y did not issue an IRS W-2 form. If more).		. , , , , , ,	
	Name	Employer's Name (Example) ABC's Auto Body Shop	IRS W-2 Provided? YES/NO	Annual Amount Earned in 2016	
			1		
			+		
			+		
			+		
CERTIF	ICATION & SIGNATURE:				
By sign	ning this form, I certify the	e information on this form are accurate an	d complete to the best	t of my knowledge	
241	L Cinnada	XXX-XX-		Date	
Student Signature		Last 4 digits of SSN	Last 4 digits of SSN#		