HARVARD EXTENSION SCHOOL
Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • studentfinance@extension.harvard.edu

2018–19 Non-Filing Income Statement: Student/Spouse

Your 2018–19 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process please don't hesitate to contact our office.

Verification

You (and/or your spouse, if applicable) indicated on the FAFSA that you did not file a 2016 federal tax return.

A. Student Information *(for institutional identification purposes)*

STUDENT LEGAL NAME (exactly as printed on your government-issued photo ID)

Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER (if known) @

See extension.harvard.edu/login *if unsure*

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER X X X - X X -

DATE OF BIRTH example: JAN 01 1994

Month (MMM) *Day (DD)* *Year (YYYY)*

B. Student/Spousal Income Information

Check the box that applies:

- ❑ I (we) had no income earned from work in 2016.
- ❑ I (we) was employed in 2016 and have listed below the names of all my/our employers, and the amount earned from each employer in 2016. Attach copies of all 2016 IRS W-2 form(s) and/or 1099 form(s) issued by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the your name and DCE ID number at the top.*

EMPLOYER'S NAME	2016 AMOUNT EARNED	IRS W-2 OR 1099 ATTACHED?
(Example: Suzy's Auto Body Shop)	*(Example: $2,000.00)*	*(Example: Yes)*

C. Certification

By signing this form, I (we) certify I (we) did not and am not required to file a 2016 US federal tax return. In addition, I (we) certify that all of the information reported on this form is complete and correct.

Student's signature _____ Date _____

Spouse's name (if applicable, please print) _____

Spouse's signature (if applicable) _____ Date _____

Return completed form to:

Student Financial Services Office, Harvard Extension School, 51 Brattle Street, Cambridge, MA 02138-3722

or fax it to:

(617) 495-2921