

## Office of Financial Aid

220 Doberstein Admissions Center 320 N Dupont Highway New Castle, DE 19720

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## 2024-2025 Non-Filer Statement

			(	)	W00_		
Last Name	First	M.I.		Phone No	).	Student I.D.	
Check the appropriate	e box (or boxes) to indica	ate whether a	2022 Federal Ir	ncome Tax Returr	n did not have to be fi	i <b>led</b> by the individu	al selected
You (the student) Your Spo			oouse	Parent 1 Pare		Parent 2	
Please provide 2022 income and employers below. List			IF your fi	ling status is	AND at the end of 2022 THEN file you were*		urn if your gr
every employer even if the employer did not provide an IR W-2 form. Attach copies of all 2022 IRS W-2 or 1099 form		RS =	<b>.</b>	under 65 65 or older	\$12		
issued to you. If you (or your parent(s) were not employed			<u>d</u>	ling jointly***	under 65 (both spouses) 65 or older (one spouse) 65 or older (both spouses)		,900
in 2022, you must provide your income sources such as family support and/or government benefits (SSI, TANF,							,700
SNAP, Section 8). THERE MUST BE DOLLAR AMOUNTS LISTED. IF THIS FORM IS SUBMITTED WITHOUT DOLLAR AMOUNTS, IT WILL BE CONSIDERED INCOMPLETE AND RETURNED TO YOU, THE STUDENT.				ling separately	any age under 65		\$5 ,400
			Head of ho	ousen010	65 or older 2 under 65 \$2:		21,150 \$25,900
			Qualifying	surviving spouse			,300
	l was unable to obtain pouse Employer(s)		•	· I	nt(s) Employer(s)	from the IRS or other way Attached?	\$ Red
		the required	documentation	· I		W2	I
Student and/or Sp	oouse Employer(s)	the required	documentation	Parer	nt(s) Employer(s)	W2 Attached?	I
Student and/or Sp		the required	documentation	Parer	nt(s) Employer(s) Other Income Source	W2 Attached?	I
Student and/or Sp	oouse Employer(s) Income Source(s)	the required	documentation	Parer  O  Family S	nt(s) Employer(s) Other Income Source	W2 Attached?	I
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Other  Family Support  Government ber  SNAP SSI WIC  Emergency Rent  Child Support rec	Income Source(s)  Defits (type)  C TANF Section cal/Utility Assistance ceived	W2 Attached?	documentation	Parer  O  Family S  Governm SNAP SS  Emerger  Child Sup	ott(s) Employer(s)  Other Income Source upport nent benefits (type) I	W2 Attached?  □ □ □ □ □ Section 8	I
Other     Family Support     Government ber     SNAP	Income Source(s)  Defits (type)  C   TANF   Section Cal/Utility Assistance Ceived	W2 Attached?  B  Received:	\$ Rec'd	Parer  Parer  Governm SNAP SS Emerger Child Sup Alimony F	ott(s) Employer(s)  Other Income Source upport nent benefits (type) I  WIC TANF ncy Rental/Utility Acceptor received Received plain)  Total Am qualify for Federal St	w2 Attached?  ———————————————————————————————————	\$ Rec