



2017-18

Student/Spouse Non-Tax Filing Form for 2015

Student Financial Services
FAX #: (775) 753-2399

• 1500 College Parkway • Elko, NV 89801
WEB SITE: www.gbcnv.edu/financial

Phone #: (775) 753-2399
Email: financial-aid@gbcnv.edu

Student Name:		Date of Birth:	Student ID	
Home Address	PO Box#	City	State	Zip Code
Cell Phone#	Work Phone:	Valid Email Address:		

Purpose: On the **2017-18 FAFSA**, you reported that (and spouse, if applicable) have not or required to file 2015 Federal Tax Return.

A. Income Sources for Non-Filers ONLY (Student/Spouse)		
If you are not required to file a 2015 U.S. Income Tax Return , list your employer(s) and any income received in 2015 (attach all w-2 Forms or other earning statements such as 1099-Miscellaneous) . If NO ONE in the household earned income by working, FULLY complete and ATTACH the 2017-2018 Income and Expense Worksheet.		
Income Sources	Student/Spouse for 2015	
1 Social Security /Social Security Disability	\$	/mo.
2 Child Support Received for all children	\$	
3 W-2 income (submit)	\$	
4: Other Income: Alimony, Pensions, VA non- education benefits etc.		
Total		

I, (student print name) _____, certify that I/We are not required to file a **2015 Federal Tax return**.
By signing this form, I hereby certify that the information provided is true and correct to the best of my knowledge. If I purposely give false statements or misrepresentation will cause for denial, reduction of aid, withdrawal, and/or repayment of federal financial aid. I may also be subject to **\$10,000 fine, prison sentence, or both**.

Warning:

Individuals who willfully submit fraudulent information and/or documentation to obtain federal funds will be investigated to the fullest extent possible. Cases of fraud will be reported to the Office of the Inspector General in Washington D.C.

STUDENT SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____

Jurat

State of _____ County of _____ Subscribed and sworn/affirmed to before me this **date**
of _____ 20 _____, by _____

Notary Public Signature _____
My Commission Expires: _____