

RETURN TO: FINANCIAL AID OFFICE

P. O. BOX 17065 1400 J. R. LYNCH STREET JACKSON, MS 39217-0165

OFFICE: 601-979-2227 • FAX: 601-979-2237

EMAIL: finaid@jsums.edu

2018-2019 Dependent Student Non-Tax-Filer's Statement

		J
(Student's Last Name)	(Student's First Name)	(Student's J-Number)
On your 2018-2019 FAFSA, you reported the Return for the 2016 year. In order to confregulations to confirm this status information return this form to our office as soon as possible.	nplete your financial aid file, Jackson Stat tion. You must read and complete the (e University is required by federal Certification Statement below and
	Certification Statement	
Check the box(s) that applies below:		
·	icome Tax Return for the year 2016. Federal Income Tax Return for the year 20 ust complete the employment information	
Employer's Name		Amount Earned in 2016
Jackson State University (exam	nple) \$	4,500.00
Total Amount of Income Earne	d From Work \$	3
(Note: I understand that if I earned at least return. See IRS Publication 501 at https://www.ntil.your.IRS tax transcript is received by the I, the student , certify under the penalty of misleading information, that I may be Fined	www.irs.gov/pub/irs-pdf/p501.pdf. The fingle Financial Aid Office. of perjury that this statement is true and	ancial aid process will not continue
Student's Signature:		