

UNIVERSITY TO Verification of 2024 Income for Student Non-tax Filers

Student Name: _____

111		UNION	Student ID:		
		completing this document, I ce ed all income earned from wor		am not required to file a 2024 income ta es for the 2024 tax year.	x return, and I have
Chec	k all	that apply:			
		Employer's Name	W-2 provided?	Annual Amount Earned in 2024	
☐ I had other income and resources that supported myself for the 2024 tax year. (List each source of income in the table below.					ne in the
		Source of Income		Annual Amount in 2024	
I cert sign a			d is complete and correct. The	student whose information was reporte	d on the FAFSA must
Stude	ent N	ame:		Date:	
Stude	ant Si	ignature:			

Email documents to finaid@mountunion.edu

Mail to the Office of Student Financial Aid, 1972 Clark Ave, Alliance, OH 44601

Fax documents to (330) 829-2814

Please do not send any personally identifiable information via email (e.g. Social Security Numbers, dates of birth, etc.).

Questions? Contact the Office of Student Financial Aid (330) 823-2674 finaid@mountunion.edu