Office of Financial Aid PHONE: (845) 257-3250 FAX: (845) 257-3568

MAIL THIS FORM TO: SUNY New Paltz Financial Aid Office 200 Hawk Drive New Paltz, NY 12561

Statement of Student Income

FORM A

Student's Name		2017-2018	
Student ID			
Check the box	x that applies:		
I (and/or my spouse) did file a 2015 IRS Tax	x Return.		
Please attach a <i>signed</i> copy of your 2015 federal <i>IRS T</i> Office of Financial Aid. Visit <u>www.irs.gov</u> or call 1-80 *Due to federal regulations, schools cannot accept p	0-908-9946 to obtain an <i>IRS Tax</i>		
I and/or my spouse were not employed, had will not file/are not required to file a 2015 tax return		n 2015, and has not filed	
Please request a 2015 IRS Confirmation of Non-filing of Non-Filing Letter. This IRS statement of non-filing 4506-T and checking box 7. Once received from the II of Financial Aid.	status will be required from the	IRS by using IRS form	
I and/or my spouse were employed in 2015 tax return.	but has not filed/will not file/ard	e not required to file a	
Please complete the below section and request a 2015 lewww.irs.gov to obtain a Confirmation of Non-Filing Le required from the IRS by using IRS form 4506-T and copy to this form and return it to the Office of Financia	etter. This IRS statement of non- checking box 7. Once received fr	filing status will be om the IRS, attach the	
Employer's Name/Source	2015 Amount Earned	IRS W-2 Provided? (Yes/No)	
CERTIFICATION STATEMENT AND SIGNATURE:			
I certify that all of the information reported on this form is cacknowledge that we have read and agree to comply with all including the "Deadlines for Submitting Documents".			
Signature of Student (or spouse if applicable)	Da	Date	