

STUDENT 2023 INCOME INFORMATION

Were you a resident of the United States in 2023? Yes No

I filed a 2023 Tax Return.

OR

I, _____ am not required to file a 2023 Tax Return.
Student's Name

Complete this section if you **DID NOT** file a 2023 Tax Return.

Did you have any earnings, other income, or receive any resources that supported you during the 2023 tax year?

Yes No

If so, please list all sources and dollar amounts below.

Employer's Name or other source	Total Amount received in 2023	W2 Issued?
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTRIBUTOR PARENT 2023 INCOME INFORMATION

Was your contributor parent a resident of the United States in 2023? Yes No

I, _____, filed a 2023 Tax Return.
Parent's Name

If married or remarried, did you file your 2023 federal tax returns jointly with your spouse? Yes No

OR

I, _____ am not required to file a 2023 Tax Return.
Parent's Name

CONTRIBUTOR PARENT'S SPOUSE / PARENT 2 2023 INCOME INFORMATION

Was your contributor parent's spouse or parent 2 a resident of the United States in 2023? Yes No

I, _____, filed a 2023 Tax Return.
(parent's spouse / parent2's name)

OR

I, _____ am not required to file a 2023 Tax Return.
(parent's spouse / parent2's name)

Complete this section if your parent(s) **DID NOT** file a 2023 Tax Return.

Did you (the parent(s)) have any earnings, other income, or receive any resources that supported you during the 2023 tax year?

Yes No

If so, please list all sources and dollar amounts below.

Person Who Worked	Employer's Name or other source	Total Amount received in 2023	W2 Issued?
		U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		U.S. \$	Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATION

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student

Date

Parent

Date