



**Tohono O'odham Community College**  
**Parent(s) Non-Tax Filer Statement**  
**2023-2024 Academic Year**

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education (DOE) in a process called Verification. As a result, we are required to confirm some of the information reported on your FAFSA. Please complete, sign, date and return this form to our office as quickly as possible. If there are changes needed to your FAFSA, we will make those corrections and you will receive a new Student Aid Report at the email address you listed on your FAFSA. Once our Verification review is complete, we will then be able to determine your eligibility for federal aid for the 2023-2024 academic year. If you have questions, our contact information is listed at the bottom of this form.

**A. Student's Information**

Last Name	First Name	M.I.	TOCC ID Number
Address (include apt number)			Date of Birth
City	State	Zip Code	Phone Number (include area code) Can you receive a text at this number?
Email address			<input type="checkbox"/> Yes <input type="checkbox"/> No

**B. Parent 1 Non-Tax Filing Statement**

This statement below is required if the first Parent(s) or Stepparent(s) with information listed on the FAFSA will not file and is not required to file a 2021 income tax return with the Internal Revenue Service (IRS).

Parent 1: Last Name                      First Name                      M.I.

I, \_\_\_\_\_ (Parent 1 Name) will not file and are not required to file a 2021 federal income tax return with the Internal Revenue Service (IRS). **Check the box that applies:**

- Parent 1 listed above was not employed and had no income earned from work in 2021.
- Parent 1 listed above was employed in 2021 and has listed below the names of all the parent's employers, the amount earned from each employer in 2021, and whether an IRS W-2 form is attached. Attach copies of all 2021 IRS W-2 forms issued to the parent(s) by employer(s). List every employer even if they did not issue an IRS W-2 form. If more space is needed, please continue on the back of this form.

Employer's Name	2021 Amount Earned	IRS W-2 Attached?
<i>The Auto Body Shop (example)</i>	<i>\$ 2,000.00 (example)</i>	<i>Yes (example)</i>

(This is a 2 page form. Please complete the second page.)

**C. Parent 2 Non-Tax Filing Statement**

This statement below is required if the second Parent(s) or Stepparent(s) with information listed on the FAFSA will not file and is not required to file a 2021 income tax return with the Internal Revenue Service (IRS). **Check the box that applies:**

- This section C is being skipped as only one parent or stepparent has reported information on the FAFSA.
- Parent 2 information is included below.

Parent 2: Last Name                      First Name                      M.I.

I, \_\_\_\_\_ (Parent 2 Name) will not file and are not required to file a 2021 federal income tax return with the Internal Revenue Service (IRS). **Check the box that applies:**

- Parent 2 listed above was not employed and had no income earned from work in 2021.
- Parent 2 listed above was employed in 2021 and has listed below the names of all the parent’s employers, the amount earned from each employer in 2021, and whether an IRS W-2 form is attached. Attach copies of all 2021 IRS W-2 forms issued to the parent(s) by employer(s). List every employer even if they did not issue an IRS W-2 form. If more space is needed, please continue on the back of this form.

Employer’s Name	2021 Amount Earned	IRS W-2 Attached?
<i>The Auto Body Shop (example)</i>	<i>\$ 2,000.00 (example)</i>	<i>Yes (example)</i>

**D. Certification and Signatures**

Each person signing this worksheet certifies that all the information reported on it is complete and correct. The Student must sign and date. The Parent 1 must sign and date. If the Parent 2 section C is complete, Parent 2’s signature and date are required.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date

**Submit this worksheet to the Financial Aid Office at Tohono O’odham Community College.**

**TOCC LOCATION: S-cuk Du’ag Maşcamakuđ**

**TOCC MAILING ADDRESS: P.O. Box 3129 Sells, AZ 85634**

**TOCC PHONE NUMBER: 520.479.2312**

**TOCC EMAIL: [finaid@tocc.edu](mailto:finaid@tocc.edu)**

**TOCC FAX: 520.383.8403**

*Please make a copy of this worksheet for your records.*