

BOSTON COLLEGE

2025-2026 CUSTODIAL PARENT CONFIRMATION OF NON-FILER TAX STATUS

Complete this form if you have not and are not required to file a 2023 federal, Puerto Rican, Canadian or any other foreign tax return.

This form may not be used by individuals who work in countries or for tax exempt organizations (e.g., embassies, United Nations, World Bank, DMF, etc.) These individuals must submit signed, translated copies of their foreign tax return or a letter from their employer(s) stating the year's salary and benefit information along with their 2023 year-end pay stub.

Please return this form to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available at www.bc.edu/applyforaid. Please note that it takes 48-72 hours for your documents to be added to your financial aid file.

Student's Name _____ Eagle ID Number _____

PERSONAL INFORMATION

Custodial Parent's Name _____

Custodial Parent's Social Security Number _____

I do not have a Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or Employer Identification Number (EIN).

I _____ (name) **did not and was not required to file a 2023 federal,**

Puerto Rican, Canadian or any other foreign tax return. List below the sources and amounts of earnings, other income and resources that supported the non-tax filer for the 2023 tax year. Please provide any relevant W-2, 1099, or equivalent document for each 2023 source of employment income reported. List every employer below, even if the employer did not issue an IRS W-2 or a 1099.

Income Earned from Work Amount: \$ _____ Source: _____

Amount: \$ _____ Source: _____

Unemployment Compensation Amount: \$ _____ Source: _____ N/A _____

Interest/Dividends Amount: \$ _____ Source: _____ N/A _____

Veteran's Benefits Amount: \$ _____ Source: _____ N/A _____

Social Security Benefits (total for all family members) Amount: \$ _____ Source: _____ N/A _____

Alimony Amount: \$ _____ Source: _____ N/A _____

Welfare (including AFDC and TANF) Amount: \$ _____ Source: _____

Other Income Amount: \$ _____ Source: _____

Amount: \$ _____ Source: _____

Other Resources Amount: \$ _____ Source: _____

Amount: \$ _____ Source: _____

Total of earnings, other income, and resources for 2023 \$ _____

SIGNATURE

I hereby swear or affirm that the information reported on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature _____ Date _____