

# BOSTON COLLEGE

## 2025–2026 SPOUSE/OTHER 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](http://www.bc.edu/finaidupload). Detailed instructions, including file limitations, are available at [www.bc.edu/applyforaid](http://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

Relationship to Student: \_\_\_\_\_ Name \_\_\_\_\_

☐ Student's Spouse

Social Security Number \_\_\_\_\_

☐ Custodial Parent's Spouse

☐ Non-Custodial Parent's Spouse

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 \_\_\_\_\_