



Form A: Statement of Student Income, 2026-27, Page 1

Office of Student Financial Services

Location: Wooster Hall, Rm 124

Phone: (845) 257-3250

Fax: (845) 257-3568

Student Name: _____ **Student ID:** _____

To complete this form, please check the box that applies and submit this form along with any requested documentation listed for your selection (continues to next page):

Option 1: I (and/or my spouse) filed a 2024 IRS Tax Return

Documentation for option 1: please attach a copy of your 2024 Federal Income Tax Return (1040 form) including any tax schedules 1 and/or 3 (if filed) OR a federal IRS Tax Return Transcript to this form and submit it to our office. Please include student's name and ID number on paperwork submitted.

Option 2: I (and/or my spouse) were not employed, had no income earned from work in 2024, and have not filed/will not file/are not required to file a 2024 IRS Tax Return

Documentation for option 2: Except for dependent students, all foreign non-tax filers for 2024 are required to submit proof of your non-filing status from their foreign country. This can include documentation from the tax authority's website and proof of the country's tax filing requirements.



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Option 3: I (and/or my spouse) were employed in 2024, but have not filed/will not file/ are not required to file a 2024 tax return.

Documentation for option 3: Please complete the section on the following page. Be sure to attach all 2024 W-2s. Except for dependent students, all foreign non-tax filers for 2024 are required to submit proof of your non-filing status from the foreign country. This can include documentation from the tax authority's website and proof of the country's tax filing requirements.

Required Section for Option 3 Only

To process this form, we need additional information about your/your spouse's employment in 2024:

About Employer / Source of Income 1:

Name of Employer/Source of Income: _____

Amount Earned in 2024: \$_____

IRS W-2 Provided? (yes or no): _____

About Employer / Source of Income 2:

Name of Employer/Source of Income: _____

Amount Earned in 2024: \$_____

IRS W-2 Provided? (yes or no): _____

About Employer / Source of Income 3:

Name of Employer/Source of Income: _____

Amount Earned in 2024: \$_____

IRS W-2 Provided? (yes or no): _____



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Certification Statement and Signature:

I certify that all of the information reported on this form is complete and accurate to the best of my knowledge. I also acknowledge that I have read and agree to comply with all verification policies available in the verification brochure including the "Deadlines for Submitting Documents" as provided on the Student Financial Services website.

Student signature: _____ **Date:** _____

Student's Spouse signature (if applicable): _____ **Date:** _____

****Forms should be submitted to Student Financial Services at faodocuments@newpaltz.edu ****