



Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083

2026-2027 Statement of Tax Non-Filing

Student Name: _____

Kean ID #: _____

You are receiving this form because you, your parent(s), or your spouse (if married) indicated on the 2026-2027 FAFSA you did not, will not, and are not required to file a 2024 IRS tax return. You are required to complete the information listed below and submit this form through the KeanWISE Financial Aid Self Service.

A. I was not employed and had no income earned from work in 2024. I am (check all that apply):

the student the student's other parent
 the student's parent the student's spouse (if married)

B. I was employed in 2024 and have listed below the names of all employers, the amount earned from each employer, and whether an IRS W-2 form is attached. I certify that I am not required to file a 2024 IRS income tax return.

List every employer (even if they did not issue an IRS W-2 form) and identify yourself by checking the applicable box on the right. If more space is needed, attach a separate page with the student name and Kean ID # at the top.

Income Earned from Work – Tax Year 2024			Non-Filer: Check Appropriate Box for Each Listed Employer			
Employer's Name	Gross Amount Earned	W-2 Attached? (Yes/No)	Student	Student's Parent	Student's Other Parent	Student's Spouse
Suzy's Auto Body Shop (example)	\$2,000.00(example)	Yes(example)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certification and Signatures

Each person signing this form certifies that all the information reported above is complete and correct.

Student: _____

Date: _____

Parent: _____

Date: _____

Other Parent (if also a non-filer): _____

Date: _____

Student Spouse (if married): _____

Date: _____

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