



2024-2025

SPOUSE NON-TAX FILING STATUS VERIFICATION FORM

Questions about how to
complete this form?

Call 217-786-2237 or
800-727-4161.

Text 217-786-2237.

www.llcc.edu/financial-aid

Return completed form to:

LLCC Financial Aid
5250 Shepherd Road
Springfield, IL 62794-9256

financial.aid@llcc.edu
*Electronic forms only accepted
from LLCC email addresses.*

217-786-2229 fax

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)

SSN OR STUDENT ID

DATE OF BIRTH

Why We Are Conducting a Verification of Your Non-tax Filing Status

Federal law states that we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and this document, our office may need to make corrections to your FAFSA. If we have reason to believe the information is inaccurate, we may request certification from the IRS.

Complete and sign this form. In order to avoid delaying your financial aid determination, this completed verification form should be submitted to our office as soon as possible.

Income Information

Student, check one box:

My spouse (if married) was not employed and had no income earned from work in 2022.

Also provide an IRS Verification of Non-filing Letter. You can request online at www.irs.gov/individuals/get-transcript or call 800-908-9946.

My spouse (if married) was employed in 2022 and has listed below the names of all employers and the amount earned from each employer. (Provide **signed** W-2 forms or other work-related 1099-MISC forms.)

Also provide an IRS Verification of Non-filing Letter. You can request online at www.irs.gov/individuals/get-transcript or call 800-908-9946.

Spouse (if applicable): list income only if a tax return was not file. (Social Security income is not considered income.)

EMPLOYERS/SOURCES OF INCOME (USE W-2 FORMS OR OTHER WORK-RELATED 1099 FORMS)	TOTAL \$ AMOUNTS RECEIVED IN 2022

Certification and Signature

By signing this form, I (we) certify that all the information reported on this form is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you may be fined and/or sentenced to jail.

STUDENT SIGNATURE (REQUIRED – Sign printed form.)

DATE