



**PIEDMONT COMMUNITY COLLEGE**  
**Financial Aid Office**  
**Verification of 2016 Income Information for**  
**Student Nontax Filers**  
**2018–2019**

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and are not required to file a 2016 income tax return with the IRS.

**Check the box that applies:**

- The student and spouse were not employed and had no income earned from work in 2016.
- The student and/or spouse were employed in 2016 and have listed below the names of all employers, the amount earned from each employer in 2016, and whether an IRS W-2 form or an equivalent document is provided. [Provide copies of all 2016 IRS W-2 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Employer's Name	IRS W-2 or an Equivalent Document Provided?	Annual Amount Earned in 2016
<i>(Example) ABC's Auto Body Shop</i>	Yes	\$4,500.00
Total Amount of Income Earned From Work		\$

Provide documentation from the IRS or other relevant tax authority dated on or after October 1, 2017 that indicates a 2016 IRS income tax return was not filed with the IRS or other relevant tax authority.

- \_\_\_\_\_ Check here if confirmation of nonfiling is provided.
- \_\_\_\_\_ Check here if confirmation of nonfiling will be provided later.

**Certifications and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date

**Please return this completed form to:**  
**PCC Financial Aid Office**  
**PO Box 1197**  
**Roxboro, NC 27573**  
 or  
**FAX to (336) 598-9283**