

2023-2024 VERIFICATION OF NON-TAX FILER LETTER (NTXI24/NTXP24)

SFCC Student ID#:	Date of Birth:
Name:	SSN:
I hereby certify that (check the appropria	ate party);
☐ Independent Student (Name and SSN	noted above)
☐ Spouse (Name):	SSN:
Parent 1 (Name):	
Parent 2 (Name):	SSN:
	a 2021 Federal Income Tax Return. I attempted to obtain the rom the IRS and other tax authorities and was unable to obtain the
•	tax filer" noted above, <u>AND</u> attach all 2021 W-2's of each employer.
Employer Name	Income Amount \$
	\$
	\$ \$
	\$ \$
	\$ \$
or both. I (we) understand that incompledelay the review process.	e false or misleading information I (we) may be fined, sentenced to jail ete and/or unsigned forms will be marked as incomplete (red flag) an
Student Signature:	Date:
Spouse Signature:	Date:
Parent Signature:	Date:
employment. The Director of Human Resources and Dean of Student an are located at the SFCC Sedalia Campus, Hopkins Building, 3201 W. 16th	c, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its program's activities or d Academic Services are the designated persons to handle inquiries regarding the nondiscrimination policy. Both persons a 5t., Sedalia, MO 65301(660) 596-7478 or (660) 596-7393. Inquiries also may be directed to the U.S. Department of persons may obtain information of the existence and location of services that are accessible to and usable by persons or, Yeater Building, Room 159, (660) 596-7293.
	cepted until 5:00 pm on the following deadline dates for each semester pring 2024 – June 19, 2024 // Summer 2024 – September 2, 2024
Return this worksheet and all other r State Fair Community College, Financia 3201 West 16 th Street Sedalia Mo 65301	