

Date: ____/___/__

FINANCIAL AID OFFICE 5600 CITY AVENUE, PHILADELPHIA, PA 19131

PHONE: (610) 660-2500 FAX: (610) 660-1019 EMAIL: finaid@sju.edu

2025-2026 PARENT NON-TAX FILER FORM

Please complete this form if you must submit copies of the Tax site, www.irs.gov/transcript, or	Return Transcripts (order	online at the IRS GetTranscrip	
Student's Name	Please Print		-
Student's Social Security #	/		
Parent(s) Social Security #		(Mother)	
#	(Father)	
 A. Please check one: I do not have a Social Secur I was (we were) not employ I was (we were) employ reflecting earnings for the year 	yed during 2023. ed but earnings were less th	an the minimum requirement;	Attach W-2
B. Please list each employe	er and amount earned and at	tach all employer W-2	forms.
Employer Name		nt earned	
	\$		
C. Please check any untaxe	ed income received and prov	vide verification.	
 Social Security Benefits (*co Public Assistance or Aid to F benefits must be attached) Veteran's Benefits Other 	amilies with Dependent Chi	ildren	(statement of 2023
Please provide verification for Parent(s) Signature(s):	r all non-taxed income reco	eived from January 1, 2023	to December 31, 2023
Mother's Signature	Father	's Signature	