



2009-10 Student Non-Tax Filing Form

STUDENT FINANCIAL ASSISTANCE

Tempe campus
 PO Box 870412
 Tempe, AZ 85287-0412
 Student Services Building,
 Second Floor
 Phone (480) 965-3355
 Fax (480) 965-9484
 financialaid@asu.edu

Downtown Phoenix campus
 411 N. Central Ave., Suite 166
 Phoenix, AZ 85004-2120
 University Center Building,
 Suite 166
 Phone (602) 496-3462
 Fax (602) 496-0376
 financialaid@asu.edu

Polytechnic campus
 7107 E. Tiburon, #3
 Mesa, AZ 85212-0180
 Student Affairs Complex, Quad 3
 Phone (480) 727-1041
 Fax (480) 727-1630
 financialaid.poly@asu.edu

West campus
 PO Box 37100
 Phoenix, AZ 85069-7100
 University Center Building,
 Room 120
 Phone (602) 543-8178
 Fax (602) 543-8108
 financialaid.west@asu.edu

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
-----------------------------	-----------------	-------------------

SECTION B: REQUIRED ACTIONS

1. If you or your spouse are required to file a 2008 Federal Income Tax Return (1040, 1040-A or 1040-EZ), please submit a **signed** copy of your tax returns (first two pages of 1040 and 1040-A, or first page of 1040-EZ) to our office and disregard this form. **You must include your ASU student ID number on the top right corner of each page.**
2. If you or your spouse is not required to file a 2008 Federal Income Tax Return, please complete the remainder of this form and attach copies of you **and** your spouse's W-2(s).
3. If the total equals "0" for both you and your spouse, you must attach a written and signed statement, including any relevant documentation, explaining how you are able to support yourself with a zero income. Failure to provide a statement will result in this form being returned to you unprocessed.

SECTION C: TOTAL INCOME FOR CALENDAR YEAR (JANUARY 2008 – DECEMBER 2008)

Please right the yearly amount received for each item below. Do not leave any amount blank; write "0" if the item does not apply. If any items are missing or left blank, this form will be returned to you unprocessed.

INCOME TYPE			STUDENT	SPOUSE									
1.	Total gross income from work. Attach a copy of you and your spouse's W-2(s).	Student's Employer: _____ _____	Spouse's Employer: _____ _____	\$	\$								
2.	Payments to tax deferred pension and savings plan (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.		\$	\$									
3.	Child support received for all children. Don't include foster care or adoption payments.		\$	\$									
4.	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).		\$	\$									
5.	Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.		\$	\$									
6.	Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.		\$	\$									
7.	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. Please specify the amount received for specific expenses below and write the sum in box on the right. If your parent's signature was required on your FAFSA, do not report parental support.	<table border="1"> <tr> <td>HOUSING</td> <td>MONTHLY ALLOWANCE</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>CAR/GAS</td> <td>OTHER</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> </table>		HOUSING	MONTHLY ALLOWANCE	\$	\$	CAR/GAS	OTHER	\$	\$	\$	\$
HOUSING	MONTHLY ALLOWANCE												
\$	\$												
CAR/GAS	OTHER												
\$	\$												
Total			\$	\$									

SECTION D: CERTIFICATION STATEMENT & SIGNATURE

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

STUDENT SIGNATURE	DATE
-------------------	------