

Financial Aid Office

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# **2025-2026 Non-Filing Income Statement – Parent**

|  |  |  |
| --- | --- | --- |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Student ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Your student’s 2025-2026 FAFSA was selected for verification. The law states that before receiving Federal Student Aid, you need to confirm the information reported on the FAFSA. To verify you provided the correct information, your student’s FAFSA will be compared to the information provided below as well as on the other required verification documents. If necessary, we may ask for additional information. If there are differences, the FAFSA information may be corrected.

You stated on your student’s 2025-2026 FAFSA that one or both parents did not file taxes for 2023. Complete the section below if you will not file and are not required to file a 2023 income tax return with the IRS.

**Check the box that applies:**

|  |  |
| --- | --- |
|  | Neither parent was employed and neither had income from work in 2023. |
|  | One or both parents were employed in 2023, but did not file and were not required to file a 2023 income tax return.  |
|  | List the name of all employers, the amount earned from each employer in 2023, and whether an IRS W-2 form or an equivalent document is provided. Provide copies of all W-2’s attached to this form. |
|  |
|  | **Employer Name** | **W-2 or Equivalent Document Provided?** | **Annual Amount Earned in 2023** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total amount of income earned from work:** | **$** |

***The signature below must be hand written. Electronic signatures will not be accepted.***

By signing this document, you certify that the information you provided is true and complete to the best of your knowledge, under penalty of fine, imprisonment, or both if you purposely provide false or misleading information.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Signature: |  | Date: |  |
| Parent Signature: |  | Date: |  |