

Luzerne County Community College
Office of Financial Aid
521 Trailblazer Dr.
Nanticoke, Pa 18634

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Fax (570) 740-0347
Email fao@luzerne.edu

2025-2026 Non-Filing Statement

Student Name

Student ID No

Relationship to Student (Circle One): **Self** **Student's Parent** **Student's Spouse**

I, _____, certify that I attempted to obtain the Verification
Print Name
of Non-Filing from the IRS or other tax authorities and was unable to obtain the required documentation.

AND

(Pick One)

I, _____, certify that I did not file, was not required to file, a **2023** Federal
Print Name
IRS Tax Return, Puerto Rican, or Foreign Income Tax Return and had no employment income for **2023**.

OR

I, _____, certify that I did not file, was not required to file, a **2023** Federal
Print Name
IRS Tax Return, Puerto Rican, or Foreign Income Tax Return and had employment income for **2023**. I have listed all employment income for **2023** in this table and I have **attached** all **2023** IRS W-2 or 1099 forms or an equivalent document.

Employer's Name	Amount Earned in 2023
Total Amount of Income Earned From Work	\$

Certification

By signing this form, I signify that the information furnished is true, accurate, and complete to the best of my knowledge and that LCCC is authorized to verify this information as necessary. **No electronic signature.**

Signature of Printed Name

Date