



DEPENDENT STUDENT NON-TAX FILER STATEMENT

Please complete and return this form to the Office of Financial Aid
with a copy of your W2 from each employer.

I, _____ (name),
had earnings of \$_____ in the year 2020. I did not, and was not required to file
a Federal Income Tax Return.

Source/s of Income: _____

_____	_____	_____
Student Signature	SS# or SJC ID	Date

Long Island Campus
155 West Roe Boulevard
Patchogue, NY 11772
FAX: 631-650-2525
PHONE: 631-687-2600

St. Joseph's College Attn: Office of Financial Aid

Brooklyn Campus
245 Clinton Avenue
Brooklyn, NY 11205
FAX: 718-940-5312
PHONE: 718-940-5700