Verification of Tax Return Non-Filing Status Signed Statement for Parents

Academic Year 2025-2026

Student Name:	SPIRE ID:
Parent 1 Name:	Parent 2/Spouse Name:
To be completed by Parent 1	To be completed by Parent 2 or current Spouse
certify the following infomation. ✓ Check all that applie	s: I certify the following infomation. ✓ Check all that applies:
☐ I certify that I have not filed and are not required to f a U.S. 2023 Income tax return for the following reason	
and that I have confirmed with the IRS and or a tax prepa that I am not required to filed a 2023 U.S. tax return.	and that we have confirmed with the IRS and or a tax preparer that I am not required to filed a 2023 U.S. tax return.
☐ That I did not file and will not file any tax return beca I did not earn any income in 2023.	That I did not file and will not file any tax return because I did not earn any income in 2023.
☐ That I filed or will file a tax return with Puerto Rico of another U.S territory. Submit a copy of the tax return	
☐ That I filed or will file a foreign country tax return. Subm a copy of the tax return filed with amounts in dollars	
☐ That earned income in a foreign country but did not and not file a foreign tax return. List the Sources and amou dollars of any income earned in the section below .	
☐ That I earned income in the U.S., but did not and will not file a U.S. tax return because their income was below tax filing threshold, and that I have confirmed with the and or a tax preparer that I am not required to filed a 20% tax return. List the Sources and amouns of any income earned in the section below.	the file a U.S. tax return because their income was below the IRS tax filing threshold, and that I have confirmed with the IRS and or a tax preparer that I am not required to filed a 2023
List below the sources of any 2023 income earned or receivened and the amounts of income from each source.	List below the sources of any 2023 income earned or received and the amounts of income from each source.
Name of Employer/Source of income Amount	Name of Employer/Source of income Amount
\$	\$
\$	\$
\$	\$
\$	\$
All information submitted with, and written on this form, i and that if I purposely give false or misleading information	

______ Date:_____

Parent 2/Spouse Signature:_____