



# Waiver of IRS Verification of Non-Filers Letter 2023-2024

This form was created for individuals who did not file a 2021 federal tax return & have attempted but failed to obtain a Verification of Non-filing Letter from the IRS or other Relevant Tax Authority. This form verifies that you have exercised in good-faith effort to obtain the required documentation. This form must be completed and signed before we can complete the processing of your request for Financial Aid.

## STUDENT INFORMATION

Student Name	LincolnU ID#	Cell Phone #	LincolnU Email
--------------	--------------	--------------	----------------

## I. VERIFICATION OF NON-FILING LETTER:

Are for individuals who may have work but did not file and/or were not required to file an IRS Federal Tax Return. Please complete the appropriate statement(s) below. The following statement certifies that:

I \_\_\_\_\_ (print) **was not** employed and had no income earned from work in 2021. Therefore, was not required to file a 2021 IRS Tax Return. I have attempted to obtain an IRS Verification of Non-Filing Letter by submitting the 4506-T Form to the IRS on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of request) for the \_\_\_\_\_ tax year.

I was unable to receive the IRS Verification of Non-Filing Statement due to the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

The following statement certifies that:

I \_\_\_\_\_ (print) **was** employed in 2021 but was not required to file a 2021 IRS Tax Return. I have listed in the wage box below of Section II the names of all employers, the amount earned from each employer, & have attached all 2021 W2 forms received. I have attempted to obtain an IRS Verification of Non-Filing Letter by submitting the 4506-T Form to the IRS on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of request) for the \_\_\_\_\_ tax year. I was unable to receive the IRS Verification of Non-Filing Statement due to the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

## II. VERIFICATION OF WAGE INFORMATION: (Attach all 2021 W-2 and any wage statement)

INDIVIDUAL'S NAME	EMPLOYER'S NAME	AMT. OF INCOME

**STUDENT CERTIFICATION** Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date and at least one parent must sign and date.  
**Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

Student/Spouse Signature/Date

Parent Signature/Date (Required if dependent)