



Lander University Financial Aid Office

320 Stanley Avenue, Greenwood, SC 29649
Email: finaid@lander.edu • Web: www.lander.edu/finaid
Phone: (864) 388-8340 • Fax: (864) 388-8811

Dependent Student's 2021 Federal Non-Filer Status Statement

Student's Last Name	First	MI	Lander ID (L#)
---------------------	-------	----	----------------

You indicated on your Free Application for Federal Student Aid (FAFSA) that you did not file and were not required to file a federal income tax return for 2021.

Please confirm that you were not required to file by checking the appropriate box below:

- I was **NOT** employed and had **NO** income earned from work in **2021**.
- I was employed in **2021**. (Complete information below.)
 - List every employer in the box below even if the employer did not issue an IRS W-2 form.
 - Provide copies of all 2021 IRS W-2 forms issued to you by your employers.

Employee (STUDENT)	Employer's Name	IRS W-2 Provided by Employer? If not, why?	Annual Amount Earned in 2021
	<i>(Example) ABC's Auto Body Shop</i>	Yes	\$4,500.00
Total Amount of Income Earned From Work			\$

If more space is needed, provide a separate page with the student's name and ID number at the top.

Please list other sources and amount of income you received: (Child Support \$ ___/mo, Disability \$ ___/mo, SNAP \$ ___/mo, TANF \$ ___/mo, WIC \$ ___/mo, Workers' Compensation \$ ___/mo):

If none of these sources of funding were received and no income reported, please briefly explain how the household is supported below:

Certifications and Signatures: I certify that I did not file and was not required to file a 2021 federal tax return and that all of the information reported is complete and correct.

Student's Signature <small>digital signature not accepted</small>	Date	Phone #
---	------	---------

Parent's Signature (If dependent) <small>digital signature not accepted</small>	Date	Phone #
---	------	---------

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)	
RRAAREQ	N=Pending Review;		xxSTNS
Initials/date			xxSW2
Fwd to Counselor date			