

Parent Non-Filer Statement

2026-2027 (Fall 2026, Spring 2027, Summer 2027)



Office of Financial Aid
UNIVERSITY OF COLORADO BOULDER

Name: _____
Student's Name (Last, First, M.I.)

ID: _____
Student Identification Number (SID)

This form is to be completed by the parent(s) whose information was reported on the *Free Application for Federal Student Aid* (FAFSA). Parents should only complete this form if the parent or parent's spouse are not required to file a 2024 federal income tax return (i.e. Form 1040, a tax return from Puerto Rico, or a foreign income tax return). To determine if you are required to file a 2024 federal income tax return, visit www.colorado.edu/financialaid/filing.

1. What was your marital status as of the date your student's FAFSA was originally completed? (check one)
Single (separated, divorced, widowed, or never married)
Married (married, remarried)
2. Did you file or were you required to file a 2024 federal tax return?
Yes (Submit a copy of your federal tax return transcript to our office and do not include your info below.)
No (Include yourself in Step 3.)
3. Indicate your employment type(s) and provide **annual work income received in 2024** for each type. Include all earnings from work, even if a W-2 was not received. **Enter "0" if no income; do not leave any lines blank.**

Your Name: _____ Birthdate (Month/Year): _____

Work Income from Company/Organization

Total Work Income from Company/Organization Report amounts from W-2(s). \$ _____

Other Work not Reported on W 2's

List the source of work and total **net earnings for each**. Net earnings = income minus any related expenses.

Source: _____ \$ _____ Source: _____ \$ _____

Source: _____ \$ _____ Source: _____ \$ _____

4. Did your spouse (if married) file or were they required to file a 2024 federal tax return?
Yes (Submit a copy of your spouse's federal tax return transcript to our office and do not include their info below.)
No (Continue to Step 5)
Not Applicable (Skip to Step 6)
5. Indicate your spouse's employment type(s) and provide annual work income received in 2024 for each type. Include all earnings from work, even if a W-2 was not received. **Enter "0" if no income; do not leave any lines blank.**

Spouse's Name: _____ Birthdate (Month/Year): _____

Spouse's Work Income from Company/Organization

Spouse's Total Work Income from Company/Organization Report amounts from W-2(s). \$ _____

Spouse's Other Work not Reported on W 2's

List the source of work and total **net earnings for each**. Net earnings = income minus any related expenses.

Source: _____ \$ _____ Source: _____ \$ _____

Source: _____ \$ _____ Source: _____ \$ _____

6. **Submit your 2024 W-2's** along with this form and include Student ID Number on all pages.

By signing this form, I certify that all the information provided is complete and accurate.

Parent signature
Electronic and typed signatures are not accepted.

Date

Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload
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