

A. Student Information

Last Name: _____ First Name: _____ M.I. _____

Middlesex College ID Number: _____ Phone Number: _____

Please complete this form ONLY if the student was not required to file a 2023 income tax return.*B. Student Income Information** Check the box that applies:

- ☐ The Student was not employed and did not have any income earned from work in 2023.
- ☐ The Student was employed in 2023 and has listed below the names of all employers, the amount earned from each employer in 2023, and whether an IRS W-2 form is provided. [Provide copies of all 2023 IRS W-2 forms issued to the student by their employers]. If the employer did not issue a W-2, you must still list every employer and write the amount earned from each source of employment income received in 2023 tax year. If you have misplaced your W-2 or never received one then you must obtain a "Wage and Income Transcript" from the IRS. If the "Wage and Income Transcript" does not reflect your wages, submit a signed/dated written statement explaining the **sources and amounts of earnings, other income, and resources** that supported you in 2023. If you are unable to obtain a wage and income statement, submit a signed statement explaining the reason(s) for missing W'2's and submit to our office.
- ☐ The student earned income from foreign country or outside the United States and is not required to file taxes in any country. [Please attach 2025-2026 Student Foreign Income Supplemental Form]

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

Employer's Name	2023 Amount Earned	IRS W-2 Provided?
Example: Suzy's Auto Body Shop	Example: \$2,000.00	Example: Yes

C. Sign this Worksheet

By signing this document, I certify that I have not filed and am not required to file a 2023 income tax return, and I have listed all income earned from work, other income, and resources for the 2023 tax year. If you purposely give false or misleading information, you may be fined, sentence to jail, or both.

Student Signature: _____ Date: _____

Parent Signature (required): _____ Date: _____

For Office Use Only FAC25DNF