CCA CALIFORNIA COLLEGE OF THE ARTS

Office of Financial Aid, 1111 Eighth Street, San Francisco, CA 94107 P: 415.703.9528 F: 415.551.9261 Email: finaid@cca.edu

STATEMENT OF NON-FILING FOR THE 2020 TAX YEAR FOR: ☐ STUDENT ☐ PARENT

Student's Name _____ CCA ID Number _____

This form must be completed by the student and/or parent if they did not and will not file a 2020 federal income tax return. DO NOT complete this form if you/your parent(s) have filed or will file a 2020 federal income tax return.

A. Student (and Spouse)

I (We) did not file a 2020 federal income tax return because:

☐ I (We) did not work in 2020.
☐ I am (We are) not required to file a 2020 federal income tax return.
☐ I (We) filed a foreign tax return. – *Attach a copy of your signed foreign tax return with English translation (if not in English).*

If you (or your spouse) earned income in 2020, list each employer and/or source of income and the amount received from each source. Please upload photocopies of your 2020 W-2 and/or 1099 Forms in Workday.

☐ I (We) did not receive any 2020 W-2(s) or 1099 Forms.

Employer or Source of Income	Amount
	$
	$
	$

B. Parent(s)

I (We) did not file a 2020 federal income tax return because:

☐ I (We) did not work in 2020.
☐ I am (We are) not required to file a 2020 federal income tax return.
☐ I (We) filed a foreign tax return. – *Attach a copy of your signed foreign tax return with English translation (if not in English).*

If you (or your spouse) earned income in 2020, list each employer and/or source of income and the amount received from each source. Please upload photocopies of your 2020 W-2 and/or 1099 Forms in Workday.

☐ I (We) did not receive any 2020 W-2(s) or 1099 forms.

Employer or Source of Income	Amount
	$
	$
	$

In addition to this form, you and/or your parent/spouse are required to upload Verification of Non-Filing Letter from the IRS in Workday. Please refer to the financial aid action item, 2020 Verification of Non-Filing Letter, in Workday for detailed instructions.

CERTIFICATION & SIGNATURE(S)

I (We) certify that the information reported above, to qualify for state, federal, and institutional financial assistance, is true and complete to the best of my (our) knowledge. I (We) understand that this form is being filed jointly by all signatories. If asked by an authorized official of the Financial Aid Office, I (we) agree to give proof of the information that I (we) have given on this form.
***Typed signatures cannot be accepted.**

_____ _____
Student's Signature Date Spouse's Signature (if student is married) Date

_____ _____
Parent's Signature Date Parent's Signature Date