



Preparing people to lead extraordinary lives

Financial Aid Office

1032 West Sheridan
 Sullivan Center, Room 190
 Chicago, Illinois 60660
 Phones: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>

2026-2027 Student Income Waiver – NON TAX FILERS

| | |
|--|---|
| Student Name: _____ (Please print) | Loyola ID: _____ (Your 11-digit Loyola ID number begins 0000) |
|--|---|

If you are an Independent Student: Submit a copy of your non-filer statement* if you would have filed a tax return with a tax authority other than the IRS. (Dependent students, mark the correct box below)

- The student (and spouse) was not employed and had no income earned from work in 2024.
- The student (and spouse) was employed in 2024 but did not earn enough to be required to file. Please attach copies of all **W2s and/or Schedules** and complete the chart below. Attach additional pages as needed.

**If you try and are unable to obtain a non-filer statement, please attach a signed statement to this form stating that.*

| Employer’s Name | 2024 Amount Earned | W2 or Schedule Attached? |
|--|-----------------------------|--------------------------|
| <i>Suzy’s Auto Body Shop (example)</i> | <i>\$2,000.00 (example)</i> | <i>Yes (example)</i> |
| | | |
| | | |

2024 IRS Filing Requirements for Most Taxpayers:

| IF your filing status is... | AND at the end of 2024 you were... | THEN file a return if your gross income was at least... |
|---|---|---|
| dependent | claimed on parents' taxes | \$1,300 (unearned income) \$14,600 (earned income) |
| single | under 65 65 or older | \$14,600 \$16,550 |
| head of household | under 65 65 or older | \$21,900 \$23,850 |
| married, filing jointly | under 65 (both spouses) 65 or older (one spouse) 65 or older (both spouses) | \$29,200 \$30,750 \$32,300 |
| married, filing separately | any age | \$5 |
| Qualifying widow(er) with dependent child | Under 65 65 or older | \$29,200 \$30,750 |

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

 Student Signature*

 Date

 Spouse’s Signature (if applicable)*

 Date

**Typed and digital signatures are not acceptable*

WS22