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 2010 TAX YEAR FOR: ☐ STUDENT ☐ PARENT (CHECK ALL THAT APPLY)

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 2010 federal income tax return. DO NOT complete this form if you/your parent(s) have filed or will be filing a 2010 federal income tax return. If you/they have filed or will file a 2010 federal income tax return, you/they should submit photocopies of your/their completed federal income tax return to the Financial Aid Office.

A. Student (and, if applicable, Spouse)

I (We) did not file a 2010 federal income tax return because

☐ I (We) did not work in 2010

☐ I am (We are) not required to file a 2010 federal income tax return.

If you (or, if applicable, your spouse) had earned income from work or income from any other sources in 2010, you should list below each employer and/or source of income and the amount received from each source. Your responses here should be consistent with the earnings and income you listed on the FAFSA. Please attach photocopies of your 2010 W-2 and/or 1099 Forms.

Employer or Source of Income	Amount
	$
	$
	$
	$

B. Parent(s)

I (We) did not file a 2010 federal income tax return because

☐ I (We) did not work in 2010

☐ I am (We are) not required to file a 2010 federal income tax return.

If you (or, if applicable, your spouse) had earned income from work or income from any other sources in 2010, you should list below each employer and/or source of income and the amount received from each source. Your responses here should be consistent with the earnings and income you listed on the FAFSA. Please attach photocopies of your 2010 W-2 and/or 1099 Forms.

Employer or Source of Income	Amount
	$
	$
	$
	$

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.

_____ _____

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

_____ _____

Mother's Signature Date Father's Signature Date

- Please return the completed form to the CCA Financial Aid Office -