



**PARENTAL NON-TAX FILER FORM
2011-2012 ACADEMIC YEAR**

Office of Financial Assistance • Villanova University • 800 Lancaster Avenue • Villanova, PA 19085-1685
Phone: (610) 519-4010 Email: finaid@villanova.edu Website: www.villanova.edu/enroll/finaid Fax: (610) 519-7599

STUDENT INFORMATION (Please print in black or blue ink or type)

STUDENT'S NAME: _____ VILLANOVA UNIVERSITY NUMBER: _____
(8 digit number)

**PARENT(S) MUST COMPLETE AND SIGN THIS FORM ONLY
IF THEY WILL NOT FILE A 2010 INCOME TAX RETURN**

List below any untaxed income received in 2010

This may include, but is not limited to such sources as Untaxed Unemployment Compensation, Social Security Benefits, disability benefits, tax exempt interest, living allowance paid to military or clergy, non-educational VA benefits, payments to 401(k), 403(b), 408(k), 457(h), 501(c) (18) (D) or other tax deferred pension, savings plans, SEP and KEOGH. (Note: Untaxed income is not necessarily the same as untaxed income according to the Federal Tax Code.) If none, enter 'none' or \$0.

Sources of Untaxed Income	2010 Amount
a.	\$
b.	\$
c.	\$
d.	\$
e.	\$
f.	\$

Attach 1099's for Social Security Benefits for ALL family members.

If you did not file and are not required to file a 2010 income tax return, but did receive taxable income, list below your employer(s)' name(s) and any income received in 2010 (attach the W-2 form or other earnings statements for each source listed).

Sources of Wages or Earned Income	2010 Amount
a.	\$
b.	\$
c.	\$
d.	\$

Attach copies of W-2 form(s) and/or earnings statement(s) for each source listed.

By signing below, I certify that all the information on this form is true and complete to the best of my knowledge. I am aware that the presentation of inaccurate information will result in denial of aid by the University, and where State or Federal funds are involved, is a violation of the law and can result in my indictment under the State or U.S. Criminal Codes.

Print Name of Custodial Parent/Stepparent _____ Date _____
Signature of Custodial Parent/Stepparent _____ Date _____