MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

sfa.msstate.edu/dawg-documents

Post Office Box 6035
Mississippi State, MS 39762-6035

2025-2026
Spouse Nontax Filer Form

_____   _____   9 ___ ___ ___ ___ ___ ___ ___ ___
Student's Name   **Student's MSU Net ID**   **MSU ID (9 digit)**

_____
Spouse's Name

On the FAFSA (Free Application for Federal Student Aid) you reported that you (the spouse) were not required to file a 2023 federal tax return. MSU is required by federal regulations to confirm this information to complete the student's financial aid file. Please complete this form, provide any other required documentation, and sign the certification statement below.

> **Read information below, complete the table, and provide ALL REQUIRED documentation with completed form.**
>
> **If you were employed in 2023, you must submit a copy of ALL 2023 W-2/1099 forms, one from each employer.**
> - **If a 2023 W-2/1099 was misplaced, ask your 2023 employer for a copy of your 2023 W-2/1099 form OR,**
> - **Request a 2023 IRS Wage and Income Statement from the IRS.***
>
> ***Request your 2023 IRS Wage and Income Statement online at https://www.irs.gov/individuals/get-transcript, or request by phone 1-800-908-9946 or complete the 4506t form and fax it to the IRS.**
> **Please allow 10 business days for the document to arrive by mail.**

Spouse was NOT employed in 2023 (had no 2023 income from work)	Spouse WAS employed in 2023 (did earn 2023 income from work but NOT required to file taxes)
• List "none" for Employer's Name • List "0" for Income Amount Earned	• List name of each 2023 employer • List amount of income earned from each employer • Answer YES or NO if you did/did not receive a 2023 W-2/1099

Spouse's 2023 Employer Name: Do NOT leave blank!	2023 Income Amount Earned: Do NOT leave blank!	Was a W-2/1099 Form provided? *if no, see above*
	$	☐ Yes ☐ No
	$	☐ Yes ☐ No
	$	☐ Yes ☐ No
	$	☐ Yes ☐ No

Only include information on income earned, including any funds earned through Federal Work Study Program. Do **NOT** include *funds you received from other student financial aid programs, scholarships, or from untaxed sources (i.e. social security, disability, etc.).* **If additional space is needed, attach a separate sheet**.

Signatures (Note: Signatures MUST BE HANDWRITTEN; electronic signatures/initials will not be accepted)

By signing this form, I certify that I have provided complete and accurate information to the best of my knowledge.
Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Spouse Signature_____ **Date**_____