



NORTH CENTRAL COLLEGE 1861

NAPERVILLE'S UNIVERSITY

2026-27 Verification of Tax Filing Status

Student Name: _____ Student ID: _____

Please use this form to confirm your tax filing status for the year associated with your Special Circumstances Appeal. A response is required for all FAFSA contributors.

For appeals related to the calendar year 2025

Student	<input type="checkbox"/> Will file a 2025 federal tax return <input type="checkbox"/> Will not file a 2025 federal tax return <input type="checkbox"/> Filed a 2025 federal tax return*
Student Spouse	<input type="checkbox"/> Will file a 2025 federal tax return <input type="checkbox"/> Will not file a 2025 federal tax return <input type="checkbox"/> Filed a 2025 federal tax return*
Parent	<input type="checkbox"/> Will file a 2025 federal tax return <input type="checkbox"/> Will not file a 2025 federal tax return <input type="checkbox"/> Filed a 2025 federal tax return*
Other Parent	<input type="checkbox"/> Will file a 2025 federal tax return <input type="checkbox"/> Will not file a 2025 federal tax return <input type="checkbox"/> Filed a 2025 federal tax return*

For appeals related to the calendar year 2026

Student	<input type="checkbox"/> Will file a 2026 federal tax return <input type="checkbox"/> Will not file a 2026 federal tax return <input type="checkbox"/> Filed a 2026 federal tax return*
Student Spouse	<input type="checkbox"/> Will file a 2026 federal tax return <input type="checkbox"/> Will not file a 2026 federal tax return <input type="checkbox"/> Filed a 2026 federal tax return*
Parent	<input type="checkbox"/> Will file a 2026 federal tax return <input type="checkbox"/> Will not file a 2026 federal tax return <input type="checkbox"/> Filed a 2026 federal tax return*
Other Parent	<input type="checkbox"/> Will file a 2026 federal tax return <input type="checkbox"/> Will not file a 2026 federal tax return <input type="checkbox"/> Filed a 2026 federal tax return*

*** Please submit a signed federal tax return to our office if you filed one.**

Original signatures required

I declare that the above information is true, complete and accurate to the best of my knowledge.

Student _____ Date _____ Student Spouse _____ Date _____

Parent _____ Date _____ Other Parent _____ Date _____