



Maryland Higher Education Commission
Office of Student Financial Assistance
6 N. Liberty Street, Ground Suite
Baltimore, MD 21201
(410) 767-3300; (800) 974-0203
TTY for the Deaf - (800) 735-2258
MHEC.MARYLAND.GOV

**VERIFICATION OF
NON-FILING FORM**
Guaranteed Access Grant
2021-2022 Academic Year

COMPLETE AND RETURN THIS FORM WITH ALL REQUIRED DOCUMENTATION TO MHEC BY APRIL 1, 2021

Student Last Name: _____

Student First Name: _____ MI: _____

MHEC ID#:

Last 4 digits of Student SSN:

When you completed the 2021-2022 Free Application for Federal Student Aid (FAFSA) you indicated on the application that you, your spouse, and/or parent(s) did **“NOT FILE”** a 2019 IRS Tax Return. Therefore, you, your spouse, and/or parent must complete this Non-filing form in lieu of submitting the IRS Non Tax filing statement. Please confirm your status below, (✓) check the appropriate statement and submit W-2(s) or 1099 forms for each employer if required.

SECTION A: DEPENDENT STUDENTS (STUDENT & PARENT MUST SIGN)

____ I, the student, certify that I did not work in 2019, and the IRS has no record of a filed Form 1040 for the tax year 2019.

____ I, the student, certify that I did work in 2019, but I was not required to file a tax return for the 2019 year.

____ I, the parent of _____, certify that I did not work in 2019, and the IRS has no record of a filed Form 1040 for the tax year 2019.

____ I, the parent of _____, certify that I did not work in 2019, and the IRS has no record of a filed Form 1040 for the tax year 2019.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SECTION B: INDEPENDENT STUDENTS (SPOUSE MUST SIGN IF MARRIED)

____ I, the student or my spouse (if applicable), certify that I (or spouse if applicable) did not work in 2019, and the IRS has no record of a filed Form 1040 for the tax year 2019.

____ I, the student or my spouse (if applicable), certify that I or my spouse (if applicable) did work in 2019, but was not required to file a tax return for the 2019 year.

Student's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

**SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTS TO MHEC BY EMAIL
DOCUMENTS.MHEC@MARYLAND.GOV**