

## 2025-2026 VERIFICATION OF NON-TAX FILER (NTXI26/NTXP26)

SFCC Student ID#:		Date of Birth:	
Name:		SSN:	
I hereby certify that (check the appropriate party);			
☐ Independent Student (Name and SSN noted above)			
Spouse (Name):	SSN:		
Parent/Contributor 1 (Name):	SSN:		
Parent/Contributor 2 (Name):	SSN:		
I/we have not filed and am/are not required to file a 2023 obtain the Verification of Non-Filer (VNF) letter from the to obtain the required document.			
List all employers in 2023 for the "non-tax filer" noted a			
Employer Name	\$	come Amount	
	\$		
	\$		
	\$		
	\$		
By signing this worksheet, I (we) certify that all informat understand that if I (we) knowingly give false or misleadi or both. I (we) understand that incomplete and/or unsigned delay the review process.	g information I (we	e) may be fined, sentenced to jail	
Student Signature:		Date:	
Spouse Signature:		Date:	
Parent/Contributor Signature:		Date:	
State Fair Community College does not discriminate on the basis of race, color, national origin, sex, dis employment. The Director of Human Resources and Dean of Student Services are the designated pers the SFCC Sedalia Campus, Hopkins Building, 3201 W. 16th St., Sedalia, MO 65301 (660) 596-7478 or (6 Civil Rights at OCR.KansasCity@ed.gov. Interested persons may obtain information of the existence an contacting the Disability Resource Center Coordinator, Yeater Building, Room 159, (660) 596-7293.	s to handle inquiries regarding the ) 596-7393. Inquiries also may be	e nondiscrimination policy. Both persons are located at e directed to the U.S. Department of Education, Office of	
Documents for verification will be accepted until 5:00 Fall 2025 – January 30, 2026 // Spring 2026 – June			
Return this worksheet and all other required docume State Fair Community College, Financial Aid Office 3201 West 16 <sup>th</sup> Street Sedalia Mo 65301		x: (660) 530-5820 nail: finaid@sfccmo.edu	

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