SW2  Substitute Student W-2 Form  
2020-2021

Student’s University ID: □□□□□□ - □□□□□□□ or SIS ID: □□□□□□□□□

Student’s Full Name: ____________________________________________
(LEGAL NAME - PRINT) first middle last

Purpose of this form

This form is intended for use by a student (and, if applicable, his/her spouse) for whom a Student W-2 has been requested, but who did not or will not receive a W-2/1099 for the 2018 tax year. If the student or his/her spouse received a W-2/1099 but cannot locate it, you can request a Wage and Income Transcript from the IRS free of charge. Please do not submit this form if a W-2/1099 was received for 2018.

Please read the statement below, sign the document, and submit the document to Student Financial Services by upload through your SIS To Do List or in person. You can only upload the document through SIS if you have a Student W-2/1099 item on your SIS To Do List. This form is not an acceptable substitute for the Parent W-2/1099.

By my signature, I certify that I (the student) did not, and will not, receive a W-2/1099 for any work I did during the 2018 tax year.

CERTIFICATION STATEMENT: I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

STUDENT SIGNATURE ____________________________________________ Date ________________

Spouse’s Full Name: ____________________________________________
(LEGAL NAME - PRINT) first middle last

By my signature, I certify that I (the student’s spouse) did not, and will not, receive a W-2/1099 for any work I did during the 2018 tax year.

CERTIFICATION STATEMENT: I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

SPOUSE SIGNATURE ____________________________________________ Date ________________
(If student is married)