

University of Cincinnati College of Medicine

**2017 Tax Waiver Statement**  
2019-20 Academic Year

If you, your spouse, or your parents **did not and will not file** a federal income tax return for 2017, please sign and date this form and return it to the UCCOM Office of Student Financial Services.

Name (please print): \_\_\_\_\_

Student ID: M \_\_\_\_\_

2019-20 Class Year (please circle): M1 M2 M3 M4

**Student/Spouse** Statement of Non-Filing

I (we) have not filed and will not file a 2017 U.S. Income Tax Return Form 1040/1040A/1040EZ. All information on the application for financial aid that will be used to calculate my financial aid eligibility is complete and correct.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**Parent** Statement of Non-Filing

I (we) have not filed and will not file a 2017 U.S. Income Tax Return Form 1040/1040A/1040EZ. All information on the application for financial aid that will be used to calculate my son's/daughter's financial aid eligibility is complete and correct.

Signature of Father/Stepfather \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Stepmother \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**

**Mail:** Office of Student Financial Services / University of Cincinnati College of Medicine / P.O. Box 670552 / Cincinnati, OH 45267-0552

**Email:** [MDFinAid@uc.edu](mailto:MDFinAid@uc.edu)

**Fax:** 513-558-1100