

**TAX WAIVER STATEMENT – TAX YEAR 2020**  
**2022-23 ACADEMIC YEAR**  
**UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE**

If you, your spouse, or your parents **did not and will not file** a federal income tax return for 2020, please sign and date this form and return it to the UCCOM Office of Student Financial Services.

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

Student ID:        M \_\_\_\_\_ *(incoming students may leave blank)*

2022-23 Class Year (please circle):        M1                                M2                                M3                                M4

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

I (we) have not filed and will not file a 2020 U.S. Income Tax Return including, but not limited to, IRS Form 1040, 1040-NR, 1040-X, or a tax return with Puerto Rico or any other U.S. territory. 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 2020 U.S. Income Tax Return including, but not limited to, IRS Form 1040, 1040-NR, 1040-X, or a tax return with Puerto Rico or any other U.S. territory. All information on the application for financial aid that will be used to calculate my financial aid eligibility is complete and correct.

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

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

**This completed form may be submitted online at**  
**<https://medonestop.uc.edu> > Financial Aid > Financial Aid Document Upload.**

**Questions? Email [MDFinAid@uc.edu](mailto:MDFinAid@uc.edu) or call (513) 558-6797**