

2010-2011 **PARENT** Non-Tax Filer Statement

(Complete this form if you have not or will not file a 2009 U.S. Income Tax Return)

(Please circle one) **MEDICAL / DENTAL / DENTAL RESIDENT**

**Class of - 2011 / 2012 / 2013 / 2014 Other** \_\_\_\_\_

**Student Name** (please print) \_\_\_\_\_

**Parent Name** (please print) \_\_\_\_\_

**Parent Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's income from work during 2009 \$ \_\_\_\_\_

Mother's income from work during 2009 \$ \_\_\_\_\_

Social Security Income for 2009 \$ \_\_\_\_\_

Dividend Income \$ \_\_\_\_\_

Unemployment compensation during 2009 \$ \_\_\_\_\_

Capital Gains during 2009 \$ \_\_\_\_\_

Other Non-taxable income \$ \_\_\_\_\_

**TOTAL INCOME FROM ALL SOURCES** \$ \_\_\_\_\_

**BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE, AND THAT I HAVE NOT FILED AND AM NOT REQUIRED TO FILE A U.S. 2009 FEDERAL TAX RETURN.**

**\* Attach a copy of all W-2 statements (SIGNED)**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_