TAX WAIVER STATEMENT – TAX YEAR 2022 2024-25 ACADEMIC YEAR UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE

If you, your spouse, or your parents **did not and will not file** an income tax return for 2022, please sign and date this form and return it to the UCCOM Office of Student Financial Services.

Name (please print):					
tudent ID: M			(incoming studer	_ (incoming students may leave blank)	
2024-25 Class Year (please circle):	M1	M2	M3	M4	
Student/s	Spouse Sta	atement of Non-Fili	ng		
(we) have not filed and will not file to, IRS Form 1040, 1040-NR, 1040-Nn addition, I (we) have not filed an off All information on the application for eligibility is complete and correct.	K, or a tax icial goverr	return with Puerto I nment tax documen	Rico or any other t for 2022 in ano	r U.S. territory. ther country.	
Signature of Student			Date		
Signature of Spouse			Date		
Pare	∍nt Statem	ent of Non-Filing			
(we) have not filed and will not file to, IRS Form 1040, 1040-NR, 1040-Nn addition, I (we) have not filed an of All information on the application for eligibility is complete and correct.	K, or a tax fficial gove	return with Puerto I rnment tax docume	Rico or any other ent for 2022 in ar	r U.S. territory. nother country.	
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