

2021-2022 PARENT CERTIFICATION FOR NON-FILING

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	
<input type="checkbox"/> College of Medicine- Tucson		<input type="checkbox"/> College of Medicine- Phoenix	

If your parent(s) did not file a 2019 Federal Income Tax Return; refer to the table below to determine if they meet the 2019 filing requirements for most taxpayers. If your parent(s) are not required to file a 2019 tax return, have them fully complete this form and include supporting documentation for all income sources listed on any section below.

Table 1-1. 2019 Filing Requirements for Most Taxpayers

IF your filing status is...	AND at the end of 2019 you were...*	THEN file a return if your gross income was at least...**
Single	under 65	\$12,200
	65 or older	\$13,850
Married filing jointly***	under 65 (both spouses)	\$24,400
	65 or older (one spouse)	\$25,700
	65 or older (both spouses)	\$27,000
Married filing separately	any age	\$5
Head of household	under 65	\$18,350
	65 or older	\$20,000
Qualifying widow(er)	under 65	\$24,400
	65 or older	\$25,700

* If you were born on January 1, 1955, you are considered to be age 65 at the end of 2019. (If your spouse died in 2019 or if you are preparing a return for someone who died in 2019, see Pub. 501.)

Grid is taken from Tax Guide 2019. This IRS document can be found at the following link: <https://www.irs.gov/pub/irs-prior/p17--2019.pdf>

Section 1- Required	List the sources and amounts of income received in 2019 in the spaces provided below
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Source of Untaxed Income	2019 Amount
a. Child Support Received	\$
b. Welfare (including TANF programs)	\$
c. Financial Aid	\$
d. Other (church, family, community center)*	\$
e.	\$
Sources of Taxed Income	2019 Amount
a. Wages (income from work)**	\$
b.	\$
c.	\$

*You should provide supporting documentation and include an explanation in Section 2 of this form for these sources of income.

**Attach copies of all W-2 form(s) received in 2019.



COLLEGE OF MEDICINE
Financial Aid
STUDENT AFFAIRS

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435 N 5th St PHOENIX, AZ 85004
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PHONE: (520) 626-7145
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FINANCIALAID@MEDICINE.ARIZONA.EDU

Section 2 - Required

You must provide a statement giving the sources and amounts of any additional income or financial support earned NOT reflected on the W-2s.

FINANCIAL SUPPORT AND INCOME STATEMENT

Please use the space below to provide a personal statement detailing the sources and amounts provided in Section 1, covering financial support and/or additional income from January 1, 2019 through December 31, 2019.

CERTIFICATION

By signing this form; I certify that I did not and am not required to file a **2019** U.S. federal tax return. In addition, I certify that all of the information reported on this form is complete and correct. I also understand that I may be required to complete an IRS Verification of Non-Filing letter if this form is determined insufficient. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financialaid.

Parent 1 Name	Date
Parent 1 Signature	
Parent 2 Name (if applicable)	Date
Parent 2 Signature (If applicable)	