

# 2020-2021 STUDENT 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 you did not file a 2018 Federal Income Tax Return; refer to the table below to determine if you meet the 2018 filing requirements for most taxpayers. If you are not required to file a 2018 tax return, fully complete this form and include supporting documentation for all income sources listed on any section below.

If your filing status is...	And at the end of 2018 you were...	File a return if your gross income was at least...
Single	under 65	\$12,000
	65 or older	\$13,600
Married filing jointly	under 65 (both spouses)	\$24,000
	65 or older (one spouse)	\$25,300
	65 or older (both spouses)	\$26,600
Married Filing Separately	any age	\$5
Head of Household	under 65	\$18,000
	65 or older	\$19,600
Qualifying Widow(er) with Dependent Child	under 65	\$24,000
	65 or older	\$25,300

<b>Section 1- Required</b>	List the sources and amounts of income received in 2018 in the spaces provided below
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Source of Untaxed Income	2018 Amount
a. Child Support Received	\$
b. Welfare (including TANF programs)	\$
c. Financial Aid	\$
d. Other (church, family, community center)*	\$
e.	\$
Sources of Taxed Income	2018 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 2018.



**Phoenix:** PLEASE RETURN COMPLETED  
 435 N 5<sup>th</sup> St PHOENIX, AZ 85004  
 PHONE: (602) 827-2080  
[COMPXH-Financialaid@email.arizona.edu](mailto:COMPXH-Financialaid@email.arizona.edu)

**Tucson:** PLEASE RETURN COMPLETED  
 P.O. Box 245076 TUCSON, AZ 85724  
 PHONE: (520) 626-7145  
 FAX: (520) 626-8571  
[FINANCIALAID@MEDICINE.ARIZONA.EDU](mailto: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, 2018 through December 31, 2018.

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**CERTIFICATION**

By signing this form; I certify that I did not and am not required to file a 2018 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 financial aid.

Student Name	Date
Student Signature	