2021-2022 STUDENT CERTIFICATION FOR NON-FILING

LAST NAME:	FIRST:	MI:	STUDENT ID #:		
LOCAL ADDRESS:					
PHONE: E-MAIL:		E-MAIL:			
College of Medicine- Tucson		🗌 Coll	ege of Medicine- Phoenix		

If you did not file a 2019 Federal Income Tax Return; refer to the table below to determine if you meet the 2019 filing requirements for most taxpayers. If you <u>are not required</u> to file a 2019 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 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

Table 1-1. 2019 Filing Requirements for Most Taxpayers

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		
Source of Untaxed Income	201 9 Amount	
a. Child Support Received	\$	
b. Welfare (including TANF programs)	\$	
c. Financial Aid	\$	
d. Other (church, family, community center)*	\$	
е.	\$	
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.



Phoenix: PLEASE RETURN COMPLETED 435 N 5th St PHOENIX, AZ 85004 PHONE: (602) 827-2080 <u>COMPHX-Financialaid@email.arizona.edu</u> **Tucson:** PLEASE RETURN COMPLETED P.O. BOX 245076 TUCSON, AZ 85724 PHONE: (520) 626-7145 FAX: (520) 626-8571 <u>FINANCIALAID@MEDICINE.ARIZONA.EDU</u>

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.

Student Name

Date

Student Signature