

# 2018-2019 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 2016 Federal Income Tax Return; refer to the table below to determine if they meet the 2016 filing requirements for most taxpayers. If your parent(s) are not required to file a 2016 tax return, have them 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 2016 you were...* | THEN file a return if your gross income was at least...** |
|---|-------------------------------------|---|
| single                                    | under 65                            | \$10,350  |
|   | 65 or older                         | \$11,900  |
| head of household                         | under 65                            | \$13,350  |
|   | 65 or older                         | \$14,900  |
| married, filing jointly***                | under 65 (both spouses)             | \$20,700  |
|   | 65 or older (one spouse)            | \$21,950  |
|   | 65 or older (both spouses)          | \$23,200  |
| married, filing separately                | any age                             | \$4,050   |
| qualifying widow(er) with dependent child | under 65                            | \$16,650  |
|   | 65 or older                         | \$17,900  |

\*\*\*If you did not live with your spouse at the end of 2016 (or on the date your spouse died) and your gross income was at least \$4,050, you must file a return regardless of your age

|                            |  |
|----------------------------|--|
| <b>Section 1- Required</b> | List the sources and amounts of income received in 2016 in the spaces provided below |
|----------------------------|--|

| Source of Untaxed Income                     | 2016 Amount |
|--|-------------|
| a. Child Support Received                    | \$          |
| b. Welfare (including TANF programs)         | \$          |
| c. Financial Aid                             | \$          |
| d. Other (church, family, community center)* | \$          |
| e.   | \$          |
| Sources of Taxed Income                      | 2016 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 2016.



**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, 2016 through December 31, 2016.

---

**CERTIFICATION**

By signing this form; I certify that I did not and am not required to file a 2016 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.

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