## University of Massachusetts Medical School 55 Lake Ave North S1-844 ~ Worcester, MA 01655 508-856-1899 (fax) ~ 508-856-2265 (voice)

## Statement for Parents Not Filing a 2016 Federal Tax Return 2018-19 Academic Year

Student's Name:		Student SSN:	
Your CSS Profile indicated that your par calendar year 2016 income information the Office of Financial Aid. Incomplete	for non-filers. Please	have your parent(s) complete	this form, sign it, and return it to
Use the spaces below to report all incom to: work, Social Security, child support,			
If you had no income in 2016 please wri income will be asked to complete an Incoffice or visit our website to access this	ome and Expense W		•
Source of parent income, benefits and/or assistance received in 2016 from each source in 2016		Amount of income	received
		\$	
		\$	
		\$	
*Attach copies of supporting documer of untaxed income that you received for		•	
Parent Completing this form:			
☐ Mother Custodial or Non-custodial ☐ Father Custodial or Non-custodial ☐ Both Mother and Father ☐ Both Mother and Father			
Certification and Signature(s): I (we) Puerto Rico Income Tax return (1040/10 complete to the best of my knowledge.	• • • •	•	1
Parent Signature D	Date	Student Signature	 Date