



Student Information

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|-----------|------------|----|----------------|--|--|--|--|--|---------------|
| LAST NAME | FIRST NAME | MI | SIS STUDENT ID | | | | | | DATE OF BIRTH |
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Instructions:

If your parent(s) **did not file a Federal Tax Return for 2019**, both the student and parent(s) should fill out, sign, and date this form below. You are required to submit this form directly to the School of Medicine Office of Financial Aid for processing.

INCOMING AND CURRENT CWRU MD STUDENTS: Please upload the completed form and supporting documentation online by logging into the My Financial Aid Portal, clicking on the 'Menu' in the upper left corner, clicking on the documents and messages option to locate the **Parent Tax Return** upload.

If you have any questions, please feel free to contact us at medfinancialaid@case.edu.

Please select your parent(s)'s situation below:

I, the parent(s), have not filed a 2019 Federal Tax Return because I did not work and/or I was supported by someone else.

I, the parent(s), was not federally required to file taxes because my only income is Social Security income, or other: _____.

AFFIDAVIT OF AUTHENTICITY

I (we) have not filed and will not file a 2019 U.S. Income Tax Return Form 1040, 1040A, 1040EZ. All information on the application for financial aid that will be used to calculate my financial aid is complete and correct. I understand that providing false or misleading information or document is punishable by fine or imprisonment and may make me liable for any funds received on the basis of the information and documents I have provided.

 Parent 1's Signature

 Date Signed

 Parent 2's Signature (if waiving information)

 Date Signed

 Student's Signature

 Date Signed