



Student Information

LAST NAME	FIRST NAME	MI	SIS STUDENT ID						DATE OF BIRTH

**Instructions:**

If you (or your spouse) **did not and will not file a Federal Tax Return for 2020**, please 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 **Student Tax Return** upload.

If you have any questions, please feel free to contact us at [medfinancialaid@case.edu](mailto:medfinancialaid@case.edu).

**AFFIDAVIT OF AUTHENTICITY**

I (we) have not filed and will not file a 2020 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.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Spouse's Signature (if applicable)

\_\_\_\_\_  
 Date Signed