



**Financial Aid Office  
Alfred, New York 14802  
FAX: 1-607-587-4298**

## **PARENT NON-TAX FILER'S STATEMENT**

**For Calendar Year \_\_\_\_\_**

**Student Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
*Please print name*

I (we) hereby certify that I (we) will not and am (are) not required to file a Federal Income Tax Return (Form 1040) for the calendar year listed above. ALL sources of income (taxed and untaxed) are listed below for your information. (DO NOT LEAVE SOURCE OF INCOME BLANK)

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**(YOU MUST ATTACH SUPPORTING DOCUMENTATION FOR EACH SOURCE OF INCOME)**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Stepparent Signature: \_\_\_\_\_