



# Student Financial Aid

University of Missouri

11 Jesse Hall  
Columbia, MO 65211-1600  
PHONE (573) 882-7506  
FAX (573) 884-5335  
EMAIL [mufinaidops@missouri.edu](mailto:mufinaidops@missouri.edu)



MizzouSFA

Student Name (Last, First)	myZou Student ID Number <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

## 2019-2020 Health Professions Loan – Federal Income Tax Non-Filing Statement (Dependent)

The information requested on this form is needed to process your student's application for financial aid for the 2019-2020 academic year.

On the 2019-2020 Free Application for Federal Student Aid (FAFSA), you indicated that you are not required to file a 2017 federal income tax return (1040, 1040A, 1040EZ) based on income thresholds established by the Internal Revenue Service (IRS). You have been selected to verify this information.

### SECTION A – STUDENT

I (STUDENT) FILED A 2017 FEDERAL TAX RETURN AND WILL PROVIDE TAX INFORMATION

IF CHECKED, **SUBMIT A SIGNED FEDERAL TAX RETURN OR USE IRS DATA RETRIEVAL TOOL IN FAFSA AND SKIP TO SECTION B, OR**

I (STUDENT) CERTIFY THAT I HAVE NOT FILED AND AM NOT REQUIRED TO FILE A 2017 FEDERAL TAX RETURN. PROVIDE SOURCES AND AMOUNTS OF INCOME EARNED FROM WORK IN 2017. SEND IN COPIES OF INCOME/WAGE STATEMENTS VIE EMAIL, FAX, OR MAIL (E.G. W-2 FORMS).

**DO NOT LEAVE ANY BLANKS. Check NOT APPLICABLE (N/A) if \$0.**

2017 Wages, salaries, tips, etc.	\$	<input type="checkbox"/> N/A
2017 Cash earnings	\$	<input type="checkbox"/> N/A
2017 Other source of income earned from work:	\$	<input type="checkbox"/> N/A

If you did not file taxes and reported no income above, provide an explanation regarding how your family's basic living expenses were supported in the space below. For example, do you receive SNAP benefits, untaxed social security benefits, Supplemental Security Income or other forms of government assistance, participate in food pantry programs, etc. NOTE: Additional documentation may be required.

### SECTION B – PARENT

I (PARENT) FILED A 2017 FEDERAL TAX RETURN AND WILL PROVIDE TAX INFORMATION

IF CHECKED, **SUBMIT A SIGNED FEDERAL TAX RETURN OR USE IRS DATA RETRIEVAL TOOL IN FAFSA AND SKIP TO SECTION C, OR**

I (PARENT) CERTIFY THAT I HAVE NOT FILED AND AM NOT REQUIRED TO FILE A 2017 FEDERAL TAX RETURN. PROVIDE SOURCES AND AMOUNTS OF INCOME EARNED FROM WORK IN 2017. SEND IN COPIES OF INCOME/WAGE STATEMENTS VIE EMAIL, FAX, OR MAIL (E.G. W-2 FORMS).

**DO NOT LEAVE ANY BLANKS. Check NOT APPLICABLE (N/A) if \$0.**

2017 Wages, salaries, tips, etc.	\$	<input type="checkbox"/> N/A
2017 Cash earnings	\$	<input type="checkbox"/> N/A
2017 Other source of income earned from work:	\$	<input type="checkbox"/> N/A

If you did not file taxes and reported no income above, provide an explanation regarding how your family's basic living expenses were supported in the space below. For example, do you receive SNAP benefits, untaxed social security benefits, Supplemental Security Income or other forms of government assistance, participate in food pantry programs, etc. NOTE: Additional documentation may be required.

### SECTION C – CERTIFICATION AND AUTHORIZATION

**STOP:** Did you fully complete all required parts of this form? We will return any incomplete/unsigned forms for correction.

NOTE: If we have reason to believe the information reported is inaccurate, we may require additional documentation.

By signing, I certify that all of the information reported is complete and correct. **WARNING:** if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/STEPARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE NOTE ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED AND FORMS WILL BE RETURNED.