

TAX WAIVER STATEMENT – TAX YEAR 2024
2026-27 ACADEMIC YEAR
UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE

If you, your spouse, or your parents **did not and will not file** an income tax return for 2024 in the United States or any other country, please sign and date this form and return it to the UCCOM Office of Student Financial Services.

Name (please print): _____

UC Student ID: M _____ *(incoming students may leave blank)*

2026-27 Class Year (please circle): M1 M2 M3 M4

Student/Spouse Statement of Non-Filing

I (we) have not filed and will not file a 2024 U.S. Income Tax Return including, but not limited to, IRS Form 1040, 1040-NR, 1040-X, or a tax return with Puerto Rico or any other U.S. territory. In addition, I (we) have not filed an official government tax document for 2024 in another country. All information on the application for financial aid that will be used to calculate my financial aid eligibility is complete and correct.

Signature of Student _____ Date _____

Signature of Spouse _____ Date _____

Parent Statement of Non-Filing

I (we) have not filed and will not file a 2024 U.S. Income Tax Return including, but not limited to, IRS Form 1040, 1040-NR, 1040-X, or a tax return with Puerto Rico or any other U.S. territory. In addition, I (we) have not filed an official government tax document for 2024 in another country. All information on the application for financial aid that will be used to calculate my financial aid eligibility is complete and correct.

Signature of Father/Stepfather _____ Date _____

Signature of Mother/Stepmother _____ Date _____

This completed form may be submitted online at
<https://medonestop.uc.edu> > Financial Aid > Financial Aid Document Upload

Questions? Contact the Office of Student Financial Services at MDFinAid@uc.edu or (513) 558-6797