TAX WAIVER STATEMENT – TAX YEAR 2025
2027-28 ACADEMIC YEAR
UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE

This form is for use in applying for student financial assistance from the University of Cincinnati College of Medicine. If you, your spouse, or your parents **did not and will not file** an income tax return for 2025 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)*

2027-28 Class Year (please circle): M1 M2 M3 M4

Student/Spouse Statement of Non-Filing

I (we) have not filed and will not file a 2025 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 2025 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 2025 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 2025 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 UCCOM Office of Student Financial Services at MDFinAid@uc.edu or (513) 558-6797