

University of Pennsylvania  
Perelman School of Medicine  
Admissions and Financial Aid Office  
3400 Civic Center Blvd.  
Jordan Medical Education Center 6<sup>th</sup> Floor  
Philadelphia, PA 19104  
215.573.3423 phone  
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# Parent Tax Waiver

## Student Information

Full Name: \_\_\_\_\_

SSN:   XXX - XX - \_\_\_\_\_

## For Parents of Students Who *Do Not* File Tax Returns

I (we) have not filed and will not file a U.S. Income Tax Return Form 1040, 1040A, or 1040EZ this year. All the information on the financial aid application and/or Student Aid Report (SAR) which will be used to calculate my/my spouse's financial need is complete and correct.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_