



School of Medicine, Office of Student Financial Aid Services

NON-TAX FILERS STATEMENT 2017 – PARENT

I certify that I/we will not file a federal tax return for 2017. I have listed below the amounts and sources of all income received for 2017.

SOURCE	NAME	AMOUNT
EMPLOYER		\$
INTEREST		\$
CHILD SUPPORT PAID		\$
CHILD SUPPORT RECEIVED		\$
OTHER		\$
	TOTAL:	\$
Certification and Signatures:		
Each person signing this worksheet certifies that all the information reported on it is complete and correct. This worksheet must be signed by the parent.		
STUDENT NAME		
PARENT NAME		
PARENT SIGNATURE		

Please return completed form via postal mail, email, or fax using the contact information below.

Office of Student Financial Services, Reed Hall, Suite 427
1620 McElderry Street
Baltimore, MD 21205

finaid@jhmi.edu
P-410-955-1324
F-410-614-3730