

University of Pennsylvania
Perelman School of Medicine
Admissions and Financial Aid Office
3400 Civic Center Blvd.
Jordan Medical Education Center 6th Floor
Philadelphia, PA 19104
215.573.3423 phone
215.573.6645 fax

Student Tax Waiver



Full Name: _____

SSN: XXX - XX - _____

For Students and Spouses 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 Need Access 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.

Student's Signature _____ Date _____

Spouse's Signature (if applicable) _____ Date _____