

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

2500 North State Street
JACKSON, MISSISSIPPI 39216-4505

Office of Student Financial Aid

Area code 601

984-1117

Fax 601

984-6984

NON-TAX FILERS STATEMENT

STUDENT NAME:	SSN:	PROG/YEAR:
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DO NOT SIGN THIS FORM IF YOU FILED A 2006 FEDERAL INCOME TAX RETURN

I (we) will not file, nor am I (are we) required to file a 2006 U.S. Federal Income Tax Return (1040/1040A/1040EZ).

All information provided to the Office of Student Financial Aid, including the Student Aid Report, is correct and accurate.

INDEPENDENT STUDENT

STUDENT SIGNATURE:	DATE:
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SPOUSE SIGNATURE:	DATE:
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INDEPENDENT STUDENT: SDS APPLICANTS ONLY

FATHER SIGNATURE:	DATE:
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MOTHER SIGNATURE:	DATE:
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DEPENDENT STUDENT

STUDENT SIGNATURE:	DATE:
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FATHER SIGNATURE:	DATE:
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MOTHER SIGNATURE:	DATE:
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Subscribed and sworn to (or affirmed) before me this ____ day of _____, A.D. _____ at

_____, _____.

SIGNATURE OF OFFICER ADMINISTERING OATH

ADDRESS

Return to: University of Mississippi Medical Center
Office of Student Financial Aid
2500 North State Street
Jackson, MS 39216