

Student Name (please print): \_\_\_\_\_

Student ID #: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Instructions: **This form must be completed by any Feinberg School of Medicine (MD) student whose parent(s) did not and is/are not required to file a 2020 federal tax return.**

Please report the income under each of the following categories if you checked this item; include stepparent data if natural parent is married/remarried. Report zero ('0') for a given category if appropriate--DO NOT LEAVE ANY ITEM BLANK.)

- |               |  |                 |
|---------------|--|-----------------|
| A.            | Father's/stepfather's income from work during 2020     | \$ _____        |
| B.            | Mother's/stepmother's income from work during 2020     | \$ _____        |
| C.            | Unemployment compensation received during 2020         | \$ _____        |
| D.            | Social Security benefits received during 2020          | \$ _____        |
| E.            | Child support received during 2020                     | \$ _____        |
| F.            | Welfare benefits (e.g., AFDC/ADC) received during 2020 | \$ _____        |
| G.            | Pension benefits received during 2020                  | \$ _____        |
| H.            | Interest/dividend income earned during 2020            | \$ _____        |
| I.            | Capital gains earned during 2020                       | \$ _____        |
| J.            | Foreign income excluded during 2020                    | \$ _____        |
| K.            | Other income (specify type): _____                     | \$ _____        |
| <b>TOTAL:</b> |  | <b>\$ _____</b> |

**CERTIFICATION:** I (We) certify that the information on this form and on the attached tax documents is true and complete.

\_\_\_\_\_  
*Father/Stepfather Signature* (electronic signatures not accepted)

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Mother/Stepmother Signature* (electronic signatures not accepted)

\_\_\_\_\_  
*Date Signed*

*Please return this form and your 2020 U.S. income tax return (if applicable) to the Chicago Office of Financial Aid at the address below. Call (312) 503-8722 if you have any questions regarding the completion of this form. Thank you for your cooperation.*