

Student Name (please print): _____

Student ID #: _____ Degree Program: _____

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

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

A.	Student's income from work during 2020	\$ _____
B.	Spouse'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 income earned during 2020	\$ _____
I.	Dividends earned during 2020	\$ _____
J.	Capital gains earned during 2020	\$ _____
K.	Foreign income excluded during 2020	\$ _____
L.	Other income (specify type): _____	\$ _____
TOTAL:		\$ _____

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

Student Signature (electronic signatures not accepted)

Date Signed

Spouse Signature (if the student is married)

Date Signed

Please return this form and your 2020 W2 forms (if applicable) to the Chicago Office of Financial Aid at the address given below. Call (312) 503-8722 if you have any questions regarding the completion of this form. Thank you for your cooperation.