

# Kettering College of Medical Arts

## 2010-2011 Non-Tax Filer Form (Parent)

Student Information

Student Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

**This form is being completed by the non-tax filer(s) identified below:**

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

### 2009 Income Information

**Please state your 2009 income from the following sources:**

Wages	\$ _____
Workers Compensation (provide documentation)	\$ _____
Unemployment benefits (provide documentation)	\$ _____
Social Security benefits (provide documentation)	\$ _____
Interest/Dividend Income (provide documentation)	\$ _____
Other	\$ _____

**Please explain how you paid for the following expenses in 2009:**

	<u>Amount per month</u>	<u>How expense was paid</u>
Food	_____	_____
Housing	_____	_____
Utilities	_____	_____
Childcare	_____	_____
Transportation Expenses (Car Payments / Insurance / Gas)	_____	_____

By signing this form, I certify that I did not and will not file a Federal Income Tax Return, IRS Form 1040, 1040A or 1040EZ for 2009 because I was not required to do so. I will, if requested, provide official confirmation from the Internal Revenue Service (IRS) to this effect.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

