

**Office of Student Financial Aid Services  
Medical University of South Carolina  
45 Courtenay Drive  
P. O. Box 250176  
Charleston, South Carolina 29425**

**PARENT(S) STATEMENT OF NON-FILING FOR 2007**

STUDENT'S NAME \_\_\_\_\_

SSN/PVID/CollegeNet ID \_\_\_\_\_

\_\_\_\_\_

**PARENT(S) STATEMENT OF 2007 EARNINGS**

I (we) was (were) not required and will not be required to file a 2007 U.S. Income Tax Return 1040/1040A/1040EZ/1040X.

My (our) total earnings for 2007 were \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother