

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

STUDENT/SPOUSE STATEMENT OF NON-FILING FOR 2007

STUDENT'S NAME _____

SSN/PVID/CollegeNet ID _____

STUDENT'S (SPOUSE'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 _____
Student

Signature _____ Date _____
Spouse