



EASTERN VIRGINIA  
MEDICAL SCHOOL

**Eastern Virginia Medical School**  
**Office of Financial Aid**  
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Norfolk, VA 23507

Telephone: (757) 446-5813  
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## NON-FILING STATEMENT 2005 FEDERAL INCOME TAX RETURN

This form must be completed if you have not and will not file a 2005 Federal Tax Return.

\_\_\_\_\_  
Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Program

\_\_\_\_\_  
Expected Graduation Year

### CERTIFICATION

I/We certify that I/we did not file a 2005 Federal Income Tax Return (Form 1040, 1040A, 1040EZ or 1040 TeleFile) for the 2005 tax year. If asked by an authorized individual, I/we agree to give proof for any of the information provided. I/we further understand that any false statement herein will result in the denial of ALL Title IV funds.

Student/Spouse did not/will not file:

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE**

\_\_\_\_\_  
**DATE**

Parent did not/will not file:

\_\_\_\_\_  
**FATHER/STEPFATHER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**MOTHER/STEPMOTHER SIGNATURE**

\_\_\_\_\_  
**DATE**

*Do not complete this form if you are required to file a Federal Tax Return.*