



THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON DC

Student Name: _____

GW ID #: _____

CERTIFICATION THAT TAX RETURN WAS/IS NOT REQUIRED TO BE FILED FOR THE 2007 TAX YEAR

This certification is for: (check only one box)

Student, Student's Spouse, or Student's Parent(s)

Make additional copies if form is needed for more than one of the above selections.

This form may not be used if the combined income (including college work-study earnings) for calendar year 2007 was more than \$5,350.

This form may not be used by individuals who work in foreign countries or for tax-exempt organizations, such as embassies, the UN, OAS, WHO, World Bank or IMF. These individuals need to submit signed, translated copies of their foreign tax return, or a letter from their employer(s) stating the year's salary and benefit information and attach their 2007 year end pay stub.

NO TAX RETURN WAS FILED FOR THE FOLLOWING REASON(S):

Check applicable boxes and list all sources of income:

TAXABLE INCOME LESS THAN THE AMOUNT REQUIRED FOR FILING

List source and amount. List all wages (including work-study earnings), tips, salaries, interest, dividend income, alimony, etc.

Source of income	Amount per year
Wages: (attach W-2 forms)	
• Work-study:	\$ _____
• Non Work-study:	\$ _____
Interest Income: (attach IRS FORM 1099-INT)	\$ _____
Dividend Income: (attach IRS FORM 1099-DIV)	\$ _____
Tips:	\$ _____
Other: _____	\$ _____

NON-TAXABLE INCOME

List source and amount. List all Social Security benefits, veterans' benefits, unemployment compensation, Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), welfare benefits, disability income, child support, pensions, etc.

Source of income	Amount per year
Social Security:	\$ _____
AFDC/ADC/TANF:	\$ _____
VA Benefits:	\$ _____
Other:	\$ _____

NO INCOME

If no income, how were you or your family supported?

I (we) certify that I (we) have not and am (are) not required to file a tax return (Form 1040, 1040A, 1040EZ/TeleFile) for the 2007 year.

I (we) confirm that all sources of income are included on this form, and that all information reported on this form and/or used to calculate my or my child's/spouse's award is complete and correct.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____