



Student Name (Last, First)	myZou Student ID Number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

2007-2008 Federal Income Tax Non-Filing Statement - I

You and/or your spouse indicated on the Free Application for Federal Student Aid (FAFSA) that you/they are not required to file an income tax return (1040, 1040A, 1040EZ) based on income thresholds established by the Internal Revenue Service. Complete the appropriate sections below and return this form to the address above.

STUDENT AND SPOUSE MUST SIGN THIS FORM.

Section A - Student Support Information – Complete only if you did NOT file a tax return

Please list all sources and amounts of support received in 2006. Attach copies of available W-2 forms.

Source of support:	Gross annual amount for 2006:
<i>Do not leave any blanks. Enter \$0 if appropriate.</i>	
Wages, salaries, tips, etc.	\$ _____
Interest income	\$ _____
Dividend and/or capital gains income	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____

Section B - Spouse Support Information – Complete only if your spouse did not file a tax return

Please list all sources and amounts of support received in 2006. Attach copies of available W-2 forms.

Source of support:	Gross annual amount for 2006:
<i>Do not leave any blanks. Enter \$0 if appropriate.</i>	
Wages, salaries, tips, etc.	\$ _____
Interest income	\$ _____
Dividend and/or capital gains income	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____

*If you report a zero in every blank, an explanation regarding how your living expenses were covered must be provided in the space below. **Additional documentation may be required.***

Section C - Certification and Authorization

By signing this form, I/we certify that all information reported is complete and correct. If asked by an authorized official, I/we agree to give proof of the information given on this form.

Student signature	Date	Spouse signature	Date
-------------------	------	------------------	------