

# 2010 PARENT STATEMENT OF NON-FILING

Complete this form if you did not complete and are not required to file a return for the 2010 tax year. To determine if you are required to file tax returns, please contact the IRS.

**Student's Name:** \_\_\_\_\_ **UC Davis Student ID:** \_\_\_\_\_

**A. Parent's Living Expenses**

	Monthly		Annually
1. Rent or Mortgage payment	\$	X 12 =	\$
2. Property Tax (if applicable)			\$
3. Utilities (gas, electric, phone, etc.)	\$	X 12 =	\$
4. Food and household items	\$	X 12 =	\$
5. Car and/or transportation	\$	X 12 =	\$
6. Medical and dental (not covered by insurance)	\$	X 12 =	\$
7. Child care and/or elder care	\$	X 12 =	\$
8. Personal loan and consumer debt payments	\$	X 12 =	\$
9. Other (specify):	\$	X 12 =	\$
<b>TOTAL EXPENSES</b>	\$	X 12 =	\$

**B. Parent Income**  
 Use the space below to explain how you were able to pay for the above living expenses. List all income, cash received and/or payments made on your behalf (i.e., assistance from friends/relatives).

Income Source	Monthly	Annually
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
<b>TOTAL INCOME</b> <i>(If total expenses exceed total income, please explain the difference.)</i>	\$	\$

**C. Signatures**

**I certify that I am not required to file a federal income tax return for 2010. If requested, I will provide official confirmation from the IRS**

Each person signing this form certifies that all the information reported on it is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
 Parent name (please print)                      Parent's signature                      Date

**PLEASE RETURN TO: UC DAVIS FINANCIAL AID OFFICE- ONE SHIELDS AVENUE, DAVIS, CA 95616-8596. FAX: 530-752-6667**  
**INCOMPLETE FORMS WILL DELAY THE RELEASE OF THE STUDENT'S FINANCIAL AID**