

**Lafayette College
Office of Student Financial Aid
107 Markle Hall
Easton, PA 18042
610-330-5055**

**2008-2009 Academic Year
Parent(s) Statement of Tax Status**

To: Office of Financial Aid

Re: Student's Name: _____ Graduation Year: _____
(Please print)

Lafayette ID or SSN: _____

I am not required to file a tax return for the **2007** calendar year. All sources and amount(s) of income (if any) are listed below. I have included all employer names as well as interest/dividend income received.

| <u>SOURCE / EMPLOYER</u> | <u>AMOUNT</u> |
|--------------------------|---------------|
| Wages _____ | _____ |
| Wages _____ | _____ |
| Wages _____ | _____ |
| Other _____ | _____ |
| _____ | _____ |
| Interest/Dividends _____ | _____ |
| _____ | _____ |

By signing below, I certify that all information on this form is accurate and complete.

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____ Date _____