

Lafayette College  
Office of Student Financial Aid  
107 Markle Hall  
Easton, PA 18042  
610-330-5055  
610-330-5758 FAX

**2009-2010 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 **2008** calendar year.
- All sources and amount(s) of income (if any) are listed below.
- I have included the names of all employers as well as interest/dividend income received this past year.
- Please attach all W-2's you have received from your employers. (All employers are required to issue W-2's regardless of the wages earned; 1099's are subject to a \$600 per year minimum).

<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 \_\_\_\_\_

