**Weill Cornell Medicine**
Student Finance
& Records
Financial Aid, Student Accounting & Registrar

# Exemption from Tax Filing Form
## 2016-2017 Academic Year

This is to verify that I did not file either a **2015** IRS 1040EZ, 1040A, or 1040 form because my total income was less than the required amount for filing. See table 1.1 below for income cut-offs.

**Please complete the following questions:**

1. My total earned income in 2015 was          $_____ (attach W2 or 1099 forms)
2. My total unearned income in 2015 was        $_____

Unearned income includes: taxable interest, ordinary dividends, capital gains distributions, unemployment compensation, taxable Social Security, pensions, annuities, income from rental property, and distributions of unearned income from a trust etc. Please list/explain unearned income below:

A)_____

B)_____

C)_____

D)_____

**Note:** Whether or not you must file a return depends primarily on the amount of your income and your filing status. This list is not exhaustive, and is not given as "tax advice."

Table 1-1 2016 Filing Requirement for Most Taxpayers

| If your filing status is… | AND at the end of 2015 you were* | THEN file a return if your gross income was at least… |
|---|---|---|
| single | under 65 | $10,150 |
| | 65 or older | $11,700 |
| married filing jointly** | under 65 (both spouses) | $20,300 |
| | 65 or older (one spouse) | $21,500 |
| | 65 or older (both spouses) | $22,700 |
| married filing separately | any age | $3,950 |
| head of household | under 65 | $13,050 |
| | 65 or older | $14,600 |
| qualifying widow(er) with dependent child | under 65 | $16,350 |
| | 65 or older | $17,550 |

\* If you were born on January 1, 1950, you are considered to be age 65 at the end of 2014.

\*\* If you did not live with your spouse at the end of 2014 (or on the date your spouse died) and your gross income was at least $3,900, you must file a return regardless of your age.

Print Name _____ Date_____

Signature _____ Relationship: ___ Self  ___ Parent  ___ Spouse/Other

Student Name _____ Class _____

Please return form to:        Office of Financial Aid
                              1300 York Avenue, Room C-114
                              New York, NY 10065
                              Fax: 212-746-5981 or Email: finaid@med.cornell.edu

Processed: [        ]

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