

## Secure Electronic Submission:

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<u>or</u>

Fax: (718) 817-3921

## 2023-2024 Tax Exempt Interest Income Form

STUDENT:		FIDN#: A
Last Name	First Name	
Please report any tax-exempt interest	income received for the stud	lent and parent(s) in 2021. This
value can be taken from IRS Form 10	040 - line 2a.	
Please enter "0" if the answer is Ze	ero. Do not leave either blan	ık.
Total amount of parent tax-exempt in	nterest income received in 20	21: \$
Total amount of student tax-exempt i	interest income received in 20	021: \$
I (we) certify the information reported a understand that providing misleading of me (us) to federal penalties. If additional any supporting documentation to verify (for dependent students) must provide a signature is needed. We do not accept elements and the students of the students o	r false information can jeopardi l information is requested, I (we the information stated above. ' signature. If you (the student)	ze financial aid eligibility and subject e) agree to provide the institution with The student and at least one parent
Student's Name (Print)	Student's Signature	Date
Parent's Name (Print)	Parent's Signature	 Date