Complete this form if o ha e not and are not req ired to le a 2023 federal, P erto Rican, Canadian or an other foreign ta ret rn.

This form manot be sed bindi id als hoork in contries or for tale empt organi ations (e.g., embassies, United Nations, World Bank, DMF, etc.) These indi id als mest bindi signed, translated copies of their foreign taler true or a letter from their emploer(s) stating the ear's salar and bene tinformation along ith their 2023 ear-end past b.

Please ret rn this form to bc.ed / naid pload. Detailed instractions, incl ding le limitations, are a ailable at bc.ed /appl foraid. Please note that it takes 48–72 hors for or doc ments to be added to or nancial aid le.

Student's Name	MAN HI H O	
MEDQQGDQWQMMODQOOMQQQUHUQ MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
Perso_LI FORM_ Q DDW		
Custodial Wasent (If Name forms were issued, attach copies to this form.)	Amount: \$	Source:
Custodial Phaemis Inchi Sempays Nomber	Amount: \$	Source:N/A
Interest/Dividends	Amount: \$	Source:N/A
Veteran's Benefts (name)	Amount: \$	Source:N/A
Social Security Benefts (total for all family members)	Amount: \$	Source:N/A
Alimony	Amount: \$	Source:N/A
Welfare (including AFDC and TANF)	Amount: \$	Source:
Other Source	Amount: \$	Source:
Total taxable/non-taxable income for 2023	\$	

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