



**Expect Miracles**  
FOUNDATION

# Tax Affidavit Form

## Instructions:

- The tax affidavit form is available for those who did not file taxes for either, or both, of the past 2 years. Alternatively, you can upload a Return Transcript, which is available through the IRS at [www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript).
- This is a fillable form that can be completed electronically. Upon completing the form, please download with your changes and attach it to your application. This can be printed, scanned, or you can take a photo and upload it to your application.
- If you requested a filing extension for the most recent year's taxes, you can complete an affidavit reflecting your filing extension request.
- This affidavit must be signed in the presence of two witnesses. If two witnesses are not available, we will accept a completed form with at least one witness and their address. This affidavit does not need to be notarized.
- An affidavit with missing information will not be accepted. Please indicate which sections apply to you.

## \*Part A:

I, \_\_\_\_\_, of \_\_\_\_\_, of lawful age and sound mind,  
 \_\_\_\_\_  
 \_\_\_\_\_ hereby depose and state that:  
 \*(Name) \*(Address)

I am disabled (check all that apply):

I have been disabled since \_\_\_\_\_ to the present because \_\_\_\_\_  
(year)

I have not engaged in any employment during year(s) \_\_\_\_\_

I received Social Security and Medicaid during year(s) \_\_\_\_\_ and the Social Security and Medicaid I received during year(s) \_\_\_\_\_ was \$ \_\_\_\_\_

I was not required to file an income tax return during year(s) \_\_\_\_\_ because the amount of Social Security and Medicaid I received did not reach the threshold for filing.

I did not file taxes during year(s) \_\_\_\_\_ for another reason (please explain):

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### \*Part B:

The foregoing statements made by me are true to the best of my knowledge. I am aware that any of the foregoing statements made by me are willfully false, my grant will be revoked.

\*Date: \_\_\_\_\_

**\* (Signature of applicant)**

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**\* (Witness 1 Name)**

**\* (Witness 1 Signature)**

**\* (Witness 1 Address)**

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(Witness 2 Name)

(Witness 2 Signature)

(Witness 2 Address)