Fall 2022

Spring 2023

Summer 2023

	Student Last Name:
	ID: D.O.B.:
	and the parent(s) of
ather/Stepfather, if applicab	e) (Mother/Stepmother, if applicable)
(Student's	are writing this letter to confirm that I/we
	uired to file an income tax return for the 2020 year. I/we worked and earned wages in the amount of \$ and (Father/Stepfather's wages)
	otal combined wages of \$ from January 1, 2020
Nother/Stepmother's wages) if applicable	
if applicable o December 31, 2020. We	understand that we may be required to file if it is mandated according e (IRS) regulations. If you need additional information, please contact us
if applicable D December 31, 2020. We D Internal Revenue Servic t	e (IRS) regulations. If you need additional information, please contact us

Brownsville U Central Location:	Edinburg U Central Location:
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