

INCOME TAX RETURN WAIVER

**Physician Manpower Training Commission
State of Oklahoma**

I/we did not file a federal income tax return for
the year _____ for the following reason:

Did not earn enough income to file

Have filed an extension

Other:

Applicant Information:

Printed Name: _____

Address: _____

City, St Zip: _____

Telephone: _____

SSN: _____

Signature: _____

Date: _____

Spouse/Parent as Applicable:

Printed Name: _____

Address: _____

City, St Zip: _____

Telephone: _____

SSN: _____

Signature: _____

Date: _____