



DUKE UNIVERSITY MEDICAL CENTER
School of Medicine
Office of Financial Aid

2021 – 2022 Student Non-Filing Tax Statement

Student Information

Student's Name: _____
Last First Middle
Social Security Number / Duke Unique ID Number: _____

Student Information

Student completing this form:
☐ Student ☐ Spouse ☐ Both Student and Spouse

Student's Name: _____
Last First Middle

Spouse's Social Security Number: _____
Last First

Spouse's Name: _____
Last First Middle

Spouse's Social Security Number: _____

2019 Income Information

| Source of Income | Amount |
|--|--------|
| Wages (if you worked in 2019, you must attach your W-2 form(s) to this form) | \$ |
| Interest and Dividend Income | \$ |
| Child Support | \$ |
| Social Security Benefits | \$ |
| Welfare Benefits | \$ |
| Other Untaxed Income (Indicate Source): | \$ |
| Comments: | |

Certification

By signing this form, I certify that I did not and I am not required to file a US, Puerto Rican, Canadian or foreign federal tax return. In addition, I certify that all information reported on this form is complete and correct.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____