



DUKE UNIVERSITY MEDICAL CENTER  
 School of Medicine  
 Office of Financial Aid

### 2024 – 2025 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: \_\_\_\_\_

#### 2022 Income Information

Source of Income	Amount
Wages (if you worked in 2022, 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: \_\_\_\_\_