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 2021, 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:_____

• DUMC Box 3067 • Durham, North Carolina 27710 • tel (919) 684-6649 • fax (919) 684-0251
Email: finaid-som@dm.duke.edu http://medschool.duke.edu/education/financial-aid-office