

Doctor of Medicine

20)24 – 2025 St	udent Non-Filir	ng Tax Statement	
	,	Student Informat	ion	
Student's Name:				
Last	Fi	rst	Middle	
Social Security Number / Duke Unique ID Number:				
		Student Informati	ion	
Student completing this form:			•	
□ Student	□ Spouse		□ Both Student and Spouse	
Student's Name:				
Last	First	Middle		
Spouse's Social Security Number:_		Madio		
Last	First			
Chausa'a Nama:				
Spouse's Name: Last	First	Middle		
Spouse's Social Security Number:				
Speake a seeking seeking reamber.				
	000	001 1.6		
Sou	rce of Income	22 Income Inform	Amount Amount	
Wages (if you worked in 2022, you must attach your W-2 form(s) to this for				
Interest and Dividend Income			\$	
Child Support			\$	
Social Security Benefits			\$	
Welfare Benefits			\$	
Other Untaxed Income (Indicate Source):			\$	
Comments:				
D : : 41.6 1 06.4 11	P. 1	Certification	110 D (D)	
			a US, Puerto Rican, Canadian or foreign federal	tax
return. In addition, I certify that all i	ntormation repor	tea on this form is	complete and correct.	
Student's Signature:			Date:	
Spouse's Signature:			Date:	