

**Doctor of Medicine**

**2025 – 2026 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: \_\_\_\_\_

**2023 Income Information**

Source of Income	Amount
Wages (if you worked in 2023, 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: \_\_\_\_\_