Duke University
School of Medicine

2026/2027 Student Non-Filing Tax Statement

Student Information

Student's Name:_____
Last First Middle

Social Security Number / Duke Unique ID Number:_____

Person completing this form:
□ Student □ Spouse □ Both Student and Spouse

Spouse's Social Security Number: _____

Spouse's Name: _____
Last First Middle

2024 Income Information

Source of Income	Amount
Wages (if you worked in 2024, 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):	$

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:_____

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