Yale SCHOOL OF MEDICINE

Financial Aid Office

Student's Non-Tax Filing Statement

2023 – 2024

STUDENT INFORMATION

Student's Name: _____ ◯ MD ◯ PA

Yale ID Number: _____ Date of Birth: _____

Person(s) completing this form:

◯ Student
◯ Spouse
◯ Both

Spouse's name: _____

2021 INCOME INFORMATION

SOURCE OF INCOME	AMOUNT
Wages (*if you worked in* 2021, *you must attach your* W-2 *form(s)*)	$
Interest and Dividend Income	$
Child Support	$
Social Security Benefits	$
Welfare Benefits	$
Workers Compensation	$
Untaxed Pensions	$
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 U.S., Puerto Rican, Canadian, or foreign federal tax return. In addition, I certify that all of the information reported on this form is complete and correct.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

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