Yale SCHOOL OF MEDICINE

Financial Aid Office

Parents' Non-Tax Filing Statement

2023 – 2024

STUDENT INFORMATION

Student's Name: _____

Yale ID Number: _____ Date of Birth: _____

PARENT INFORMATION

Parent(s) completing this form:

- ◯ Parent 1
- ◯ Parent 2
- ◯ Both

Parent 1 Name: _____ Last 4 digits of social security # _____

Parent 2 Name: _____ Last 4 digits of social security # _____

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.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

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