



Yale School of Medicine

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2008-2009 Student Non-Filing Tax Statement

Student Information

Student's Name: _____

Social Security/Yale ID Number: _____

Student Information

Student Completing this form:

- Student
- Spouse
- Both Student and Spouse

Student's Name: _____ Social Security#: _____

Spouse's Name: _____ Social Security #: _____

2007 Income Information

Source of Income	Amount
Wages (If you worked in 2007, 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 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: _____