## Yale school of medicine

Financial Aid Office

## Student's Non-Tax Filing Statement

2020 - 2021

STUDENT INFORMATION		
Student's Name:		○ MD ○ PA
Yale ID Number:	Date of Birth:	
Person(s) completing this form:		
O Student		
○ Spouse		
O Both		
Spouse's name:		
2018 INCOME INFORMATION		
SOURCE OF INCOME		AMOUNT
Wages (if you worked in 2018, 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:	)ate:	

