



School of Medicine, Office of Student Financial Aid Services

NON-TAX FILERS STATEMENT 2024 – STUDENT

I certify that I/we will not file a federal tax return for 2024. I have listed below the amounts and sources of all income received for 2024.

SOURCE	NAME	AMOUNT
EMPLOYER		\$
INTEREST		\$
CHILD SUPPORT PAID		\$
CHILD SUPPORT RECEIVED		\$
OTHER		\$
	TOTAL:	\$
Certification and Signatures: Each person signing this worksheet certifies that all the information reported on it is complete and correct. This worksheet must be signed by the student and, if applicable, the student's spouse.		
STUDENT NAME		
STUDENT SIGNATURE		
SPOUSE NAME (if applicable)		
SPOUSE SIGNATURE (if applicable)		

Please return completed form via your SIS Self-Service Student Portal.