



Icahn
School of
Medicine at
Mount
Sinai

One Gustave L. Levy Place
Annenberg Building-Room 12-70, Box 1002
New York, NY 10029-6574
Phone: (212) 241-5245
Facsimile: (212) 876-4658
Email: studentfinancialservices@mssm.edu

2019-2020 Student Non-Tax Filing Statement

STUDENT INFORMATION

Student Name: _____ Life Number: _____

Program of Study: _____ Date of Birth: ____ / ____ / ____

SPOUSE INFORMATION

Spouse Name: _____ Last 4 digits of social security number _____

2017 INCOME INFORMATION

SOURCE OF INCOME	AMOUNT
WAGES (if you worked in 2017, you must attach your W-2 form(s))	\$ _____
Interest and Dividend Income	\$ _____
Social Security Benefits	\$ _____
Welfare Benefits	\$ _____
Workers Compensation	\$ _____
Untaxed Pensions	\$ _____
Other Untaxed Income	\$ _____

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 Signature: _____ Date _____

Spouse Signature: _____ Date _____