

NAME_____

HARVARD MEDICAL SCHOOL 2025-26 STUDENT ESTIMATED SUMMER & ACADEMIC YEAR INCOME STATEMENT

HUID: _____

Please provide the following information:	
1) Date employment ceased (if applicable)	
2) Income earned by student from July 1, 2025 to September 1, 2025 *Please indicate source of income	
3) Income earned by student from September 1, 2025 to June 30, 2025 *Please indicate source of income	
4) Student's taxable income (other than earned wages) expected from 07/01/25 to 09/01/25 (unemployment compensation, interest income,)	
5) Student's taxable income (other than earned wages) expected from 09/01/25 to 06/30/26 (unemployment compensation, interest income,)	
6) Non-taxable income from 07/01/25 to 06/30/26 from the following sources:	
A) Deductible IRA and /or Keogh payments	
B) Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401K and 403B plans.	
C) Social Security Benefits	
D) Child Support	
E) TANF/Welfare Benefits	
F) Untaxed portions of pensions (excluding "rollovers")	
G) Other untaxed income and benefits (explain and provide expected ar received 07/01/25 to 06/30/26 such as: worker's compensation, foreign income exclusion, etc.).	nount(s) to be
I certify that information listed above is a complete and accurate breakdown of all expectand untaxed, for the 2025/26 Academic Year. I further certify that if any information of information changes, I will notify the Financial Aid Office in writing of the changes.	
Student's Signature:	Date: