

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - financialaid.buffalo.edu/forms/documentation-upload-center/. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: _____ Last Name: _____ Person Number: _____

Instructions

During the processing of your student's 2021-2022 financial aid application, a potential conflict was detected involving your IRS income and tax information transferred from the IRS Data Retrieval Tool (IRS DRT). As a result, the Financial Aid Office must confirm the validity of one or more FAFSA responses.

To complete this worksheet:

- List the applicable amounts received for each income source listed or enter NA if the item does not apply to you.
- Attach the supporting documentation requested.

Section 1: Income and Wages Earned

1. Tax-Filers: Adjusted Gross Income (AGI). \$ _____
 - Attach pages 1 & 2 of your signed 2019 Federal Tax Return (1040).

2. Non-Tax-Filers: Income Earned from Work. \$ _____
 - Attach copies of all 2019 W2 statements.

Section 2: Additional Financial Information

1. Education Credits. \$ _____
 - Attach your signed 2019 Federal Tax Return (1040) and applicable schedules.

2. Child Support Paid. \$ _____
 Name(s) of child(ren): _____

3. Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships. \$ _____
 - Attach 2019 W2 statements.

4. Taxable college grant and scholarship aid reported to the IRS as income: \$ _____
 AmeriCorps benefits, grants and scholarship portions of graduate fellowships and assistantships.
 - Attach your signed 2019 Federal Tax Return (1040) and applicable schedules.

5. Taxable combat pay or special combat pay (Exclude untaxed combat pay). \$ _____
 - Attach a signed statement or alternate document showing taxable income earned.

6. Earnings from work under a cooperative education program offered by a college. \$ _____
 - Attach a signed statement or alternate document showing taxable income earned.

Person Number: _____

Section 3: Untaxed Income

- 1. Payments to tax-deferred pension and retirement savings plans. \$ _____
 - *Attach 2019 W2 statements.*
- 2. IRA deductions and payments to self-employed, Keogh and other qualified plans. \$ _____
- 3. Child support received for any of your children. Exclude foster care or adoption payments. \$ _____
- 4. Tax exempt interest income. \$ _____
- 5. Untaxed portions of IRA distributions. Exclude Rollovers. \$ _____
- 6. Untaxed portions of pensions. \$ _____
- 7. Housing, food and other living allowances paid to members of the military, clergy and others. Exclude value of on-base military housing. \$ _____
- 8. Veterans' non-education benefits such as disability, death pension, dependency & indemnity comp or VA educational work-study allowances. \$ _____
- 9. Other untaxed income such as worker's comp or disability benefits. \$ _____
 Exclude extended foster care benefits, student aid, welfare payments, untaxed social security benefits, supplemental security income, on-base military housing allowance, combat pay, or foreign income exclusion.
 - Attach a statement from the agency supporting amount received.
- 10. Money received, or paid on your behalf (e.g. bills), not reported in any other line on this form. List Source(s): _____ \$ _____
 - Attach a statement from the source listed supporting amount received.

Certification and Signature – Please *handwrite* your signature. Typed signatures cannot be accepted.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Parent Signature: _____ Date _____