

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UB Person Number: \_\_\_\_\_

## Instructions

During the processing of your student's 2018-2019 financial aid application, a potential conflict was detected involving your IRS income and tax information transferred during the IRS Data Retrieval Tool (IRS DRT) process. As a result, the financial aid office must confirm the validity of one or more data elements. Complete all sections of this worksheet and:

- List the applicable amounts
- Attach the supporting documentation requested
- If any item is "Not Applicable" check the **NA** box. Do not leave items blanks.

Section 1: Income and Wages Earned	NA	Amount
<p><b>a. Adjusted Gross Income Verification</b></p> <ul style="list-style-type: none"> <li>• <b>Documentation:</b> Attach your 2016 IRS Tax Return Transcript(s) to this worksheet. Visit <a href="http://irs.gov">irs.gov</a> and click on "Get a Tax Transcript" to obtain your IRS Tax Transcripts online.</li> </ul>	<input type="checkbox"/>	\$
<p><b>b. Income Earned from Work</b></p> <ul style="list-style-type: none"> <li>• <b>Documentation:</b> Attach copies of all W2 statements. Select 'NA' if you did not have any income earned from work in 2016.</li> </ul>	<input type="checkbox"/>	\$

Section 2: Additional Financial Information	NA	Amount
<p><b>a. Education Credits.</b></p> <ul style="list-style-type: none"> <li>• <b>Documentation:</b> Submit a 2016 IRS Tax Transcript</li> </ul>	<input type="checkbox"/>	\$
<p><b>b. Child Support Paid.</b></p> <ul style="list-style-type: none"> <li>• Name(s) of child(ren): _____</li> </ul>	<input type="checkbox"/>	\$
<p><b>c. Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships.</b></p> <ul style="list-style-type: none"> <li>• <b>Documentation:</b> Submit Applicable 2016 W2 statements.</li> </ul>	<input type="checkbox"/>	\$
<p><b>d. Taxable college grant and scholarship aid reported to the IRS as income: AmeriCorps benefits, grants and scholarship portions of graduate fellowships and assistantships.</b></p> <ul style="list-style-type: none"> <li>• <b>Documentation:</b> Submit a signed copy of your 2016 Federal Tax Return 1040 Form (pages 1 and 2 only).</li> </ul>	<input type="checkbox"/>	\$
<p><b>e. Taxable combat pay or special combat pay (Don't include untaxed combat pay).</b></p> <ul style="list-style-type: none"> <li>• <b>Documentation:</b> Submit a signed statement or alternate document showing taxable income earned.</li> </ul>	<input type="checkbox"/>	\$
<p><b>f. Earnings from work under a cooperative education program offered by a college.</b></p> <ul style="list-style-type: none"> <li>• <b>Documentation:</b> submit statement or alternate document showing taxable income earned.</li> </ul>	<input type="checkbox"/>	\$

UB Person Number \_\_\_\_\_

Section 3: Total Untaxed Income	NA	Amount
<ul style="list-style-type: none"> <li>• <b>Payments to tax-deferred pension and retirement savings plans.</b> <ul style="list-style-type: none"> <li>• Submit: 2016 W2 statement.</li> </ul> </li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>IRA deductions and payments to self-employed, Keogh and other qualified plans.</b></li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Child support received for any of your children. Don't include foster care or adoption payments.</b></li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Tax exempt interest income.</b></li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Untaxed portions of IRA distributions. Exclude Rollovers.</b></li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Untaxed portions of pensions.</b></li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Housing, food and other living allowances paid to members of the military, clergy and others. Don't include value of on-base military housing.</b></li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Veterans' non-education benefits such as disability, death pension, dependency &amp; indemnity comp and/or VA educational work-study allowances.</b></li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Other untaxed income such as worker's comp, disability benefits. Don't include 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.</b> <ul style="list-style-type: none"> <li>• <i>Submit:</i> Statement from agency supporting amount received.</li> </ul> </li> </ul>	<input type="checkbox"/>	\$
<ul style="list-style-type: none"> <li>• <b>Money received, or paid on your behalf (e.g. bills), not reported in any other line on this form. List Source(s): _____</b> <ul style="list-style-type: none"> <li>• <i>Submit:</i> Statement from listed source supporting amount received.</li> </ul> </li> </ul>	<input type="checkbox"/>	\$

### Certification and Signature

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 \_\_\_\_\_