



Student Information

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

Requirements

Verification of the financial information provided on your FAFSA is required to accurately determine your eligibility for federal financial aid. *You may be asked to submit both an IRS Tax Return Transcript and a Federal 1040 Tax Return depending on the information that must be verified.*

Complete each line by entering the amount received by you, your spouse if you are married, and your parent(s) if you are a dependent student, or by indicating that the income source listed does not apply. Submit supporting documentation for each applicable item with this form. List your UB Person Number at the top of all submitted

2016 Additional Financial Information

Tax Filing Certification	Student	Parent
I earned income from work in 2016	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I filed a federal tax return for the 2016 calendar year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2016 Additional Financial Information	Check if Not Applicable	Student	Parent if Dependent / Spouse if Independent and Married
Education Credits.	<input type="checkbox"/>	\$	\$
Child Support Paid. Name(s) of child(ren): _____	<input type="checkbox"/>	\$	\$
Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships. <i>Submit:</i> Applicable 2016 W2 statements.	<input type="checkbox"/>	\$	\$
Taxable college grant and scholarship aid reported to the IRS as income. Included AmeriCorps benefits, as well as grant and scholarship portions of fellowships and assistantships. <i>Submit:</i> Signed copy of your 2016 Federal Tax Return 1040 Form (pages 1 and 2 only).	<input type="checkbox"/>	\$	\$
Taxable combat pay or special combat pay (Don't include untaxed combat pay). <i>Submit:</i> Documentation showing taxable income earned.	<input type="checkbox"/>	\$	\$
Earnings from work under a cooperative education program offered by a college. <i>Submit:</i> Documentation showing taxable income earned.	<input type="checkbox"/>	\$	\$



UB Person Number: _____

2016 Untaxed Income information

2016 Untaxed Income Information	Check if Not Applicable	Student	Parent if Dependent / Spouse if Independent and Married
Payments to tax-deferred pension and retirement savings plans. <i>Submit:</i> 2016 W2 statement.	<input type="checkbox"/>	\$	\$
IRA deductions and payments to self-employed, Keogh and other qualified plans.	<input type="checkbox"/>	\$	\$
Child support received for any of your children. Don't include foster care or adoption payments.	<input type="checkbox"/>	\$	\$
Tax exempt interest income.	<input type="checkbox"/>	\$	\$
Untaxed portions of IRA distributions. Exclude Rollovers.	<input type="checkbox"/>	\$	\$
Untaxed portions of pensions.	<input type="checkbox"/>	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others. Don't include value of on-base military housing.	<input type="checkbox"/>	\$	\$
Veterans' non-education benefits such as disability, death pension, dependency & indemnity comp and/or VA educational work-study allowances.	<input type="checkbox"/>	\$	\$
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. <i>Submit:</i> Statement from agency supporting amount received.	<input type="checkbox"/>	\$	\$
Money received, or paid on your behalf (e.g. bills), not reported in any other line on this form. List Source(s): _____ <i>Submit:</i> Statement from listed source supporting amount received.	<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.

Signature: _____

Date: _____