

Student Information

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

Instructions

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

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

UB Person Number _____

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

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____