

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

Instructions

Your 2019-2020 FAFSA was selected for [verification review](#). The Financial Aid Office will verify your financial aid eligibility by comparing the information on your FAFSA to the information provided on this worksheet and other documents provided. If errors are identified, your FAFSA will be revised to reflect the correct information. **Your eligibility for federal financial aid cannot be determined until the verification is complete.**

- Provide the information requested on this form for you and your spouse if you are married.
- All documents must be received by **November 15** for students not returning in the spring term or **April 15** for full year and spring-only students. Additional documentation may be requested during the review.

Section 1: Tax Status and Income Information

Place an X next to the statement that best represents your 2017 tax filing status and complete the corresponding instructions below. Indicate spouse status only if you were married on the date you submitted your FAFSA and filed separate 2017 tax returns.

Filing Status (Student and spouse should each select only one)	Student	Spouse
1. I filed a federal tax return (1040 form). Complete box A below.	_____	_____
2. I filed an amended tax return (1040X). Complete box A below.	_____	_____
3. I filed a foreign tax return. Complete box A below.	_____	_____
4. I was not required to file a tax return. Complete box B below.	_____	_____

A	<p>If you or your spouse, or both selected status 1, 2, or 3, and did not use the IRS Data Retrieval Tool to complete your FAFSA, please attach a signed copy of each 2017 tax return. Only the first 2 pages are required; please do not include schedules or worksheets. Write your person number on each page attached. Proceed to Section 2.</p>																																											
B	<p>If you or your spouse, or both selected status 4, please submit a 2017 Verification of Non-Filing statement obtained from the IRS and complete the following:</p> <table border="0" style="width: 100%; margin-left: 20px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="text-align: center;">Student</th> <th style="width: 20%;"></th> <th style="text-align: center;">Spouse</th> <th style="width: 20%;"></th> </tr> <tr> <td>Did you earn wages from work in 2017?</td> <td style="text-align: center;">___ Yes ___ No</td> <td></td> <td style="text-align: center;">___ Yes ___ No</td> <td></td> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • If you did not earn wages from work in 2017, please attach a statement explaining how your household was supported in 2017. • If you did earn wages from work and did NOT file a tax return, list the employer, the amount earned and attach the corresponding W2 statement(s). </td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">Employee (Student or Spouse)</td> <td style="text-align: left;">Employer</td> <td></td> <td style="text-align: left;">2017 Earnings</td> <td style="text-align: left;">W2 Attached?</td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td>\$ _____</td> <td>___ Yes</td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td>\$ _____</td> <td>___ Yes</td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td>\$ _____</td> <td>___ Yes</td> </tr> <tr> <td>_____</td> <td>_____</td> <td></td> <td>\$ _____</td> <td>___ Yes</td> </tr> </tbody> </table>					Student		Spouse		Did you earn wages from work in 2017?	___ Yes ___ No		___ Yes ___ No		<ul style="list-style-type: none"> • If you did not earn wages from work in 2017, please attach a statement explaining how your household was supported in 2017. • If you did earn wages from work and did NOT file a tax return, list the employer, the amount earned and attach the corresponding W2 statement(s). 					Employee (Student or Spouse)	Employer		2017 Earnings	W2 Attached?	_____	_____		\$ _____	___ Yes	_____	_____		\$ _____	___ Yes	_____	_____		\$ _____	___ Yes	_____	_____		\$ _____	___ Yes
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North Campus Office: Financial Aid at 1Capen | South Campus Office: Financial Aid at 1Diefendorf (Room 114)

Mailing Address: Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

Phone: 716-645-8232 | Fax: 716-645-6566 | Website: financialaid.buffalo.edu

Email is not a secure form of communication. Do not submit documents via email.

Person Number: _____

Section 2: Income Exclusions and Untaxed Income

Complete this section by entering the dollar amount received or enter 'N/A' if the item does not apply to you.

	Student	Spouse
1. Rollover amount included in the IRA distribution listed on your tax return	\$ _____	\$ _____
2. IRA deductions and payments to: self-employed SEP, SIMPLE, KEOGH and other qualified plans	\$ _____	\$ _____
3. Tax exempt interest	\$ _____	\$ _____
4. Untaxed portions of IRA distributions	\$ _____	\$ _____
5. Untaxed portions of pensions	\$ _____	\$ _____

Section 3: Household Verification

List ALL individuals in your household, including:

1. Yourself and your spouse (if married); and
2. Your children if you provide more than half of their support from July 1, 2019 through June 30, 2020; and
3. Other people who live with you if you currently provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

Write the names of all household members in the space below along with the name of the college for any household member (excluding parents) who will be enrolled at least half-time between July 1, 2019 and June 30, 2020 in a degree, diploma, or certificate program at a Title IV eligible institution. Enrollment verification for household members in college may be required. Attach an additional page if more space is needed.

Full Name	Age	Relationship	University/College
		Self	University at Buffalo

Section 4: 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

Spouse Signature (if married)

Date

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