

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

Instructions

During the processing of your student’s 2019-2020 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 2017 Federal Tax Return (1040)*

2. Non-Tax-Filers: Income Earned from Work \$ _____
 ✓ *Attach copies of all 2017 W2 statements.*

Section 2: Additional Financial Information

1. Education Credits \$ _____
 ✓ *Attach pages 1 & 2 of your signed 2017 Federal Tax Return (1040)*

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 2017 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 pages 1 & 2 of your signed 2017 Federal Tax Return (1040)*

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 2017 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

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 _____