First Name: __________________ Last Name: ________________________ Person Number: ___________

**Instructions**

During the processing of your 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 your 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
## Section 3: Untaxed Income

1. Payments to tax-deferred pension and retirement savings plans
   ✓ Attach your 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.

Student Signature: ____________________________ Date ____________________________