

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - [financialaid.buffalo.edu/forms/documentation-upload-center/](http://financialaid.buffalo.edu/forms/documentation-upload-center/). Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

### Instructions

During the processing of your 2021-2022 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 your signed 2019 Federal Tax Return (1040) and applicable schedules.
  
2. Non-Tax-Filers: Income Earned from Work. \$ \_\_\_\_\_
  - Attach copies of all 2019 W2 statements.

### Section 2: Additional Financial Information

1. Education Credits. \$ \_\_\_\_\_
  - Attach your signed 2019 Federal Tax Return (1040) and applicable schedules.
  
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 2019 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 your signed 2019 Federal Tax Return (1040) and applicable schedules.
  
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.

UB Person Number \_\_\_\_\_

**Section 3: Untaxed Income**

1. Payments to tax-deferred pension and retirement savings plans. \$ \_\_\_\_\_
  - Attach your 2019 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 – Please handwrite your signature. Typed signatures cannot be accepted.**

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 \_\_\_\_\_