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/. 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 student’s 2022-2023 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.

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### Section 1: Income and Wages Earned

1. **Tax-Filers: Adjusted Gross Income (AGI).**
   - $ ____________
   - *Attach pages 1 & 2 of your signed 2020 Federal Tax Return (1040).*

2. **Non-Tax-Filers: Income Earned from Work.**
   - $ ____________
   - *Attach copies of all 2020 W2 statements.*

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### Section 2: Additional Financial Information

1. **Education Credits.**
   - $ ____________
   - *Attach your signed 2020 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 2020 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 2020 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.*
Section 3: Untaxed Income

1. Payments to tax-deferred pension and retirement savings plans. $_____________
   • Attach 2020 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/Pensions. Exclude Rollovers. $_____________

6. Housing, food and other living allowances paid to members of the military, clergy and others. Exclude value of on-base military housing. $_____________

7. Veterans’ non-education benefits such as disability, death pension, dependency & indemnity comp or VA educational work-study allowances. $_____________

8. 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.

9. 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.

Parent Signature: ______________________________________ Date_____________________________

(Hand signature, typed signatures not accepted)