

2022-2023 Conflicting Student Information

First N	ame:	Last Name:	Person N	umber:
Instru	uctions			
your IF Financ	RS income and tax informati	2-2023 financial aid application, on transferred from the IRS Dat he validity of one or more FAFS	ta Retrieval Tool (IRS [•
•	List the applicable amount apply to you. Attach the supporting do	nts received for each income cumentation requested.	source listed or ente	r NA if the item does
Secti	on 1: Income and Wages I	Earned		
1.	Tax-Filers: Adjusted Gross • Attach your signed	Income (AGI). 2020 Federal Tax Return (104	0) and applicable sche	\$edules.
2.	Non-Tax-Filers: Income Ea • Attach copies of all	arned from Work. 2020 W2 statements.		\$
Secti	on 2: Additional Financial	Information		
1.	Education Credits. • Attach your signed	2020 Federal Tax Return (104	0) and applicable sche	\$ edules.
2.	Child Support Paid. Name(s) of child(ren):			\$
3.		d-based employment programs eed-based employment portions /2 statements.		\$
4.	AmeriCorps benefits, grant and assistantships.	scholarship aid reported to the	raduate fellowships	\$
_	, ,	2020 Federal Tax Return (104	,	edules.
5.		ecial combat pay (Exclude untax tement or alternate document s	• • •	\$
6.	•	a cooperative education programent soment or alternate document so	•	\$
			UB Person Nun	nber

Section 3: Untaxed Income



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1.	Payments to tax-deferred pension and retirement savings plans.	\$
	Attach your 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.	, , , , , , , , , , , , , , , , , , , ,	\$
	 other line on this form. List Source(s): Attach a statement from the source listed supporting amount received. 	
	rittaen a etatement nem ane eeuree neteu eupperung ameurit recenteur	
Certi	fication and Signature – Please handwrite your signature. Typed signatures can	not be accepted.
I certif	y that all information provided in this document is true, complete and accurate to	the best of my
	edge. I further understand that any false statement or misrepresentation will be ca	•
	ion, withdrawal, and/or repayment of financial aid. Also, purposely giving false or	
	s worksheet may lead to fines, jail sentences, or both. I authorize the University at e(s) necessary as a result of the updated information that I have provided.	t Buffalo to make any
Studer	nt Signature: Date	

CIFS (Revised 2/14/2022) Phone: 716-645-8232 Website: financialaid.buffalo.edu Page 2 of 2

(Hand signature, typed signatures not accepted)