

## 2023-2024 Independent Student Tax & Income Verification

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 - <u>financialaid.buffalo.edu/forms/documentation-upload-center/</u>. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.

• Fax to 716-645-6566	<ul> <li>By mail to Financial Aid at 1Capen,</li> </ul>	Capen Hall, Buffalo, NY 14260
First Name:	Last Name:	Person Number:

#### Instructions

Your 2023-2024 FAFSA was selected for <u>verification review</u>. The Financial Aid Office will verify your financial aid eligibility by comparing the information on your FAFSA to the information provided on this worksheet and other documents provided. If errors are identified, your FAFSA will be revised to reflect the correct information. **Your eligibility for federal financial aid cannot be determined until the verification is complete.** 

- Provide the information requested on this form for you and your spouse if you are married.
- All documents must be received by November 15 for students not returning in the spring term or April 15 for full year and spring-only students. Additional documentation may be requested during the review.

#### **Section 1: Tax Status and Income Information**

Place an X next to the statement that best represents your 2021 tax filing status and complete the corresponding instructions below. Indicate spouse status only if you were married on the date you submitted your FAFSA and filed separate 2021 tax returns.

your FAFSA and filed separate 2021 tax returns.			
Student	Spouse		
Did you file a 2021 Federal Income Tax Return? (You MUST check one box below and submit the requested documents.)	Did you file a 2021 Federal Income Tax Return? (You MUST check one box below and submit the requested documents.)		
☐ <b>YES</b> – I used the IRS Data Retrieval Tool on the FAFSA (no documentation required.) Proceed to section 3.	☐ <b>YES</b> – I used the IRS Data Retrieval Tool on the FAFSA (no documentation required.) Proceed to section 3.		
☐ <b>YES</b> – I have enclosed a <u>SIGNED</u> copy of my 2021 Tax Return (including schedules 1, 2 or 3 if applicable) <u>or</u> my 2021 IRS Tax Transcript. If you have amended your tax return, please submit <u>both</u> the amended return as well as an IRS Tax Return Transcript.	☐ YES – I have enclosed a <u>SIGNED</u> copy of my 2021 Tax Return (including schedules 1, 2 or 3 if applicable) <u>or</u> my 2021 IRS Tax Transcript. If you have amended your tax return, please submit <u>both</u> the amended return as well as an IRS Tax Return Transcript.		
□ NO – I filed a foreign tax return, I have enclosed a <u>SIGNED</u> copy and an authenticated English translation.	□ NO – I filed a foreign tax return, I have enclosed a <u>SIGNED</u> copy and an authenticated English translation.		
□ NO – I did not earn any income from work in 2021. I have enclosed an IRS Verification of Non-Filing Letter.	□ NO – I did not earn any income from work in 2021. I have enclosed an IRS Verification of Non-Filing Letter.		
□ NO – I did not file a 2021 Federal Tax Return but I did earn wages from the employer(s) listed below. I have enclosed copies of my W-2 statements from each employer and an IRS Verification of Non-Filing Letter.  Employer Amount Earned	□ NO – I did not file a 2021 Federal Tax Return but I did earn wages from the employer(s) listed below. I have enclosed copies of my W-2 statements from each employer and an IRS Verification of Non-Filing Letter.  Employer Amount Earned		

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	Person Number:		
Section 2: Income Exclusions and Untaxed Income			
Complete this section by entering the dollar amount received Do not leave this section blank unless instructed to do so.		,,,,	
	Student	Spouse	
<ol> <li>Rollover amount included in the IRA distribution as listed on your tax return.</li> </ol>	\$	\$	

### **Section 3: Household Verification**

List ALL individuals in your household, including:

- 1. Yourself and your spouse (if married); and
- 2. Your children if you provide more than half of their support from July 1, 2023 through June 30, 2024; and
- 3. Other people who live with you if you currently provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Write the names of all household members in the space below along with the name of the college for any household member (excluding parents) who will be enrolled at least half-time between July 1, 2023 and June 30, 2024 in a degree, diploma, or certificate program at a Title IV eligible institution. Enrollment verification for household members in college may be required. Attach an additional page if more space is needed.

Full Name	Age	Relationship University/College	
		Self	University at Buffalo

## Section 4: 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 (Cannot be typed)	Date	Spouse Signature (if married)	Date

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