

**SUNY Upstate Medical University
Office of Financial Aid**

2019-2020 Student Verification Worksheet

Your 2019-2020 Free Application for Federal Aid (FAFSA) was selected for review in the process called Verification. The law requires that before awarding Federal Student Aid, our office must ask you and/or your family to confirm the information reported on the FAFSA. To verify that the information reported is correct our office must compare the information reported to the information you have provided on the completed institutional documents. You and/or your family must complete and sign this worksheet, attach any required documents and return this form along with all other required documents to the Office of Financial Aid. **Please return all required documentation within 30 days from the date of the initial request. If our office does not receive the required information, no other action will be taken on your application and this will impact your ability to receive Federal Assistance.**

A. Student Information (Please print or type)

Student's Last Name	First Name	MI	Student ID or Soc. Sec. Num.
---------------------	------------	----	------------------------------

B. Family Information

Write the name, age and relationship of household members. Include yourself; *if married*, your spouse; *if a dependent*, student and parental information was required on the FAFSA. Also include dependent children, if you have provided more than 50% of their support. Please report family members who will live in the household between July 1, 2019 and June 30, 2020. Attach a separate sheet if household size is greater than five.

Full Name of Household Member	Age	Relationship	College Attending 2018-19	Enrolled at Least Half Time
1.		SELF		
2.				
3.				
4.				
5.				

C. Certification of Child Support

List the total annual amount of child support paid to another individual in 2017. List the name of the person whom you paid the child support to, the name of the child you paid the child support for. You may be required to provide proof of payment if requested.

Name of Person Paying Support in 2017	Name of Person Paid Support in 2017	Name of Child Receiving the Support in 2017	Amount of Support Paid in 2017

D. Certification of Food Stamps or Supplemental Nutrition Assistance Program (SNAP)

_____ No one listed in the household received SNAP benefits in 2017 or 2018.

_____ At least one member of the household listed in Section B received SNAP benefits in 2017.
Indicate the total amount of benefits during the 2017 year \$ _____

E. Other Untaxed Income

Indicate the amount of untaxed income received for all family members listed in Section B of this worksheet. **Other untaxed income includes** money not reported elsewhere on this form and would include Worker's Compensation, Disability Benefits, Black Lung Benefits, Railroad Retirement Benefits and untaxed portions of Health Savings Accounts from IRS Form 1040 line 25. Please provide your W-2(s) where indicated below.

Do not include Federal or State Student Financial Aid, Earned Income Credit, TANF, untaxed Social Security Benefits, SSI, WAI, Combat Pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.

Student & Spouse	Calendar Year 2017 Income Amounts	Parents
\$	Payment from tax deferred pensions and savings plans (paid directly or withheld from savings) including, but not limited to amounts reported on the W-2 Form Box 12 d Codes D,E,F,G,H and S. Provide W-2(s).	\$
\$	IRS deduction and payments to self-employed SEP, SIMPLE Keogh and other qualified plans from IRS Form 1040 total of lines 28+32 or 1040, line 17	\$
\$	Tax exempt interest income from IRS Form 1040, line 8b, Or 1040A line 8b	\$
\$	Untaxed portion of IRA distribution from IRS Form 1040, (line 15a minus 15b) and/or Line (16a minus 16b) 1040A (line 12a minus 12b). Exclude rollovers. If negative enter zero here. If entering a figure, please include a copy of the 1099R	\$
\$	Money received or paid on the student's behalf.	\$
\$	Other Untaxed Income (See description above in Section E)	\$
\$	Housing, food and other living allowances paid to members of the military and Clergy.	\$
\$	Veteran Non-Educational Benefits	\$

F. Statement of Non-Filing

Check the box below for the people who **DID NOT FILE** a 2017 Federal Tax Return. If you did not file, report all income earned from work in 2017 below and submit a **W-2 Form(s)** or other earning statements with this form.

You (Student) Student's Spouse Parent 1 Parent 2 (or Step Parent)

SOURCE OF INCOME	STUDENT AND/OR SPOUCE AMOUNT	PARENT AMOUNT

G. 2017 Income Tax Return Information

Income tax information reported on the FAFSA must be verified with what was actually reported to the Internal Revenue Service for the 2017 Tax Period. All tax payers whose income information was required on the FAFSA must verify their taxable income.

The best way to verify taxable income is to use the IRS Data Retrieval Tool (IRS DRT) that was part of the FAFSA on the Web at www.fafsa.ed.gov. In most cases, for electronic filers, 2017 IRS income tax information for the IRS DRT is available 2-3 weeks after the 2017 electronic IRS income tax forms has been accepted by the IRS. Generally, for filers of the 2017 paper IRS tax return, the 2017 tax return information is available through the IRS DRT within 8-11 weeks after the 2017 paper IRS income tax form has been received by the IRS. Contact the Office of Financial Aid if you need more information about using the IRS DRT.

If the taxpayer chooses not to or is unable to use the IRS DRT in FAFSA on the Web, then the taxpayer must submit to the Financial Aid Office a **2017 IRS TAX RETURN TRANSCRIPT**. There are two ways to request a TAX TRANSCRIPT: 1) establish an on-line account with the IRS and download a **2017 TAX TRANSCRIPT** on demand at: <http://www.irs.gov> or 2) Mail a Form 4506-T to the IRS. This method takes 3-4 weeks.

H. Certification and Signatures

Each person signing below certifies that all of the information required is complete and correct. Everyone whose income information was requested for the FAFSA must sign the worksheet.

Student Signature	Date	Spouse Signature	Date
Parent 1 Signature	Date	Parent 2 Signature	Date