

2025-2026 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 - 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. All Financial Aid Forms require your legal name.

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

Your 2025-2026 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 2023 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 2023 tax returns.

your FAFSA and filed separate 2023 tax returns.			
Student	Spouse		
Did you file a 2023 Federal Income Tax Return? (You MUST check one box below and submit the requested documents.)	Did you file a 2023 Federal Income Tax Return? (You MUST check one box below and submit the requested documents.)		
☐ YES – I used the FA-DDX on the FAFSA (no documentation required.) <u>Proceed to section 3</u> .	☐ YES – I used the FA-DDX on the FAFSA (no documentation required.) <u>Proceed to section 3</u> .		
☐ YES – I have enclosed a <u>SIGNED</u> copy of my 2023 Tax Return (including schedules 1 or 3 if applicable) <u>or</u> my 2023 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 2023 Tax Return (including schedules 1 or 3 if applicable) <u>or</u> my 2023 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 2023. I have enclosed a Verification of Non-Filing Letter.	□ NO – I did not earn any income from work in 2023. I have enclosed a Verification of Non-Filing Letter.		
□ NO – I did not file a 2023 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 a Verification of Non-Filing Letter. Employer Amount Earned	□ NO – I did not file a 2023 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 a Verification of Non-Filing Letter.		
Employer Amount Earned	Employer Amount Earned		

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	Person Number:				
Section 2: Income Exclusions and Untaxed I	Income				
Complete this section by entering the dollar amoun Do not leave this section blank unless instructed to			,		
		Student	Spouse		
Rollover amount included in the IRA distribution as listed on your tax return.		\$	\$		
Section 3: Household Verification					
List <u>ALL</u> individuals in your household, including:	:				
Yourself and your spouse (if married); and					
Your children if you provide more than had and	alf of their suppor	t from July 1, 20	25 through June 30, 2026;		
 Other people who live with you if you curr provide more than half of their support fro 	, ,		• •		
Full Name	Age	ge Relationship			
		Sel	f		
_					
Section 4: Certification and Signature - Please	a handuwita yaye ai	maduse Typed Sign	natures connet be accepted		
certify that all information provided in this docume further understand that any false statement or misroand/or repayment of financial aid. Also, purposely go fines, jail sentences, or both. I authorize the University he updated information that I have provided.	nt is true, complet epresentation will giving false or misl	e and accurate to be cause for deni eading informatio	the best of my knowledge. I al, reduction, withdrawal, n on this worksheet may lead		
		Spouse Signature (if married) Date			

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