



## Division of Graduate Medical Sciences Financial Assistance

### 2018/2019 STUDENT INCOME VERIFICATION FORM

BU Student's Name: \_\_\_\_\_ BU I.D. # U \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
First M.I. Last

**STUDENT** (and spouse, if applicable)

Check applicable item:

- ☐ Have already filed a 2016 U.S. Income Tax Return  
(Attach signed – even if e-filed – copy of return as actually submitted to the IRS. BU requires a copy of your tax return even if you elected to use the IRS Data Retrieval Tool when you completed your FAFSA.)
- ☐ Tax return filed and previously submitted to BU Financial Assistance on \_\_\_\_\_
- ☐ Not required to file a 2016 U.S. Income Tax Return. Please explain: \_\_\_\_\_
- ☐ Filed foreign tax return. Please specify country: \_\_\_\_\_

Student's earnings from work	\$ _____/year
Self-Employed?	YES / NO (please circle)
Spouse's earnings from work	\$ _____/year
Self-Employed?	YES / NO (please circle)
Interest/Dividends	\$ _____/year
Veteran's Benefits	\$ _____/year
Social Security Benefits (total for all family members)	\$ _____/year
Child Support received	\$ _____/year
Alimony received	\$ _____/year
AFDC/TANF/SNAP or other welfare	\$ _____/year
Worker's Compensation	\$ _____/year
Military Housing Allowance	\$ _____/year
Non-Military Housing, Food or Other Allowance	\$ _____/year
Income from a <u>Non-U.S. Tax Return</u>	\$ _____/year →
Other _____	\$ _____/year

Attach a signed copy of original return and its translation into English.

*I certify that the information above is true and complete.*

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature (if applicable)

\_\_\_\_\_  
Date

**Complete and return to: GMS Financial Assistance, 72 East Concord Street, Room L309, Boston, MA 02118**