

OFFICE OF FINANCIAL AID  
(845) 257-3250

**IRS CONFIRMATION FORM**

PLEASE PRINT CLEARLY  
YOU MUST HAVE PRIOR YEAR ADDRESS ON THIS FORM

DATE: \_\_\_\_\_

TO: Internal Revenue Service

I, \_\_\_\_\_, \_\_\_\_\_,  
(Taxfiler's Name) (Social Security Number)

\_\_\_\_\_, \_\_\_\_\_,  
(Spouse's Name, if Applicable) (Social Security Number)

\_\_\_\_\_  
(Address on the 1040/1040A/1040EZ)

hereby give authorization to have my \_\_\_\_\_ Federal  
(Tax Year(s))

Income Tax information mailed to:

SUNY New Paltz  
Financial Aid Office HAB 603  
200 Hawk Drive  
New Paltz, NY 12561-2437

\_\_\_\_\_  
(Taxfiler's Signature)

**Mail this form to:**

Internal Revenue Service  
Attention: Taxpayer Service Division  
Leo O'Brien Federal Building  
Clinton Avenue and North Pearl Street  
Albany, NY 12207