

OFFICE OF FINANCIAL AID
PHONE: (845) 257-3250
FAX: (845) 257-3568

MAIL THIS FORM TO:
SUNY New Paltz
Financial Aid Office
200 Hawk Drive
New Paltz, NY 12561

Statement of Parent Income

FORM B
2017-2018

Student's Name: _____ Student ID: _____

Parent(s) Name(s): _____

Check the box that applies:

We/I did file a 2015 Federal IRS Tax Return.

Please attach a **signed** copy of your 2015 IRS 1040/1040A/1040EZ (including all schedules) or a 2015 federal IRS Tax Return Transcript to this form and return it to the Office of Financial Aid. Visit www.irs.gov or call 1-800-908-9946 to obtain an **IRS Tax Return Transcript**.

We/I were not employed, had no income earned from work in 2015, and have not filed/will not file/are not required to file a 2015 Federal tax return.

We/I were employed in 2015 but have not filed/will not file/are not required to file a 2015 tax return.

Please complete the below section and submit all 2015 W-2's. *****ATTACH ALL 2015 W-2's*****

Employer's Name/Source	2015 Amount Earned	IRS W-2 Provided? (Yes/No)

CERTIFICATION STATEMENT AND SIGNATURE:

I/We certify that all of the information reported on this form is complete and accurate to the best of our knowledge. We also acknowledge that we have read and agree to comply with all verification policies available in the verification brochure including the "Deadlines for Submitting Documents".

Signature of Parent

Date