



For Office Use Only:	
Checklist Item:	9399FI
COMMKEY	9399FI

Independent Income Discrepancy Form Tax Year 2015

_____ **Student Name** _____ **Stony Brook ID #** _____

The income reported on your 2017-2018 FAFSA does not match the income reported on the 2016-2017 FAFSA. The discrepancies must be resolved to determine your financial aid eligibility. Please complete the following worksheet using 2015 tax return information for yourself and your spouse (if married). **Do not leave blank answers. Indicate zero or N/A if a question is not applicable.**

1. Child support RECEIVED for any of your children. Don't include foster care or adoption payments.	
Name of Person Who Paid Child Support	
Name of Person To Whom Child Support was Paid	
Amount Paid in 2015	\$ _____ \$ _____
Names of Children for Whom Support was Paid	
2. Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here..	\$ _____
3. Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$ _____
4. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____
5. Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____
6. Other untaxed income not reported above in questions 1 through 5, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. [Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels].	\$ _____
7. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on your FAFSA, and that is not part of a legal child support agreement.	\$ _____

_____ **Student Signature** _____ **Date** _____

This form will not be processed without all required signatures. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.



Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Programs in Public Health and Nutrition:

Health Sciences Office of Student Services

Health Sciences Tower Level 2, Room 271 Stony Brook, NY 11794-8276

Telephone: 631-444-2111 Fax: 631-444-6035

hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs:

Office of Student Financial Aid Services

Administration Building Room 180 Stony Brook, NY 11794-0851

Telephone: 631-632-6840 Fax: 631-632-9525

finaid@stonybrook.edu