

## **Boston University** Financial Assistance

## 2015-2016 Quality Assurance Income Verification for Dependent Students

Your application was randomly selected for data verification as part of the U.S. Department of Education's Institutional Quality Assurance Program. You must complete this worksheet and submit any documentation requested below. **Your compliance with QA program requirements is mandatory** to receive any type of federal, state or institutional aid. Other documents, including 2014 tax returns and W-2 forms, may also be required in order to complete your financial aid application. Please see the Student Link for details.

ast Name	First Name	MI	Email Address		
Address (Include Apartment Number)			Boston University ID Number		
City	State	Zip Code	Date of Birth		
Student Income Informa					
	ur income information using one o	of the options below.	Check the box that a	pplies to you:	
<u>S Data Retrieval Tool:</u> Instructions are availab	le at http://www.bu.edu/finaid/aid-	basics/qa/qa-require	d-documents/		
Note: Some tax filers ar	e ineligible to use the IRS Data Re Income Tax Return in 2014, you m	trieval Tool. If this o	ption is not presented	-	
_	Letrieval Tool to transfer income data		-	•	
without changing my in	ncome data, on		_(date).		
RS Tax Transcript:					
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rint Student's Full Legal Name	Student's Signature	
tudent's Email Address	Date	

Submit the signed, completed worksheet and attached documentation to:

Boston University Financial Assistance 881 Commonwealth Ave Boston, MA 02215

Alternatively, you can fax them to us at 617-358-2792 or email it them us at *finaid@bu.edu*. If you choose to fax them, please write your BU ID number at the top of each page you fax. If you choose to email them, please include your name and BU ID number.