

Office of Financial Aid 8550 Magellan Parkway, Suite 1100 | Richmond, VA | 23227 804-627-5348 | Fax: 804-627-5441

E-mail: bsr-confinancial@bshsi.org

Verification of Unusual Tax Circumstances

Students Name:		Student ID:
Relationship to th	ne student:	
□Self	□Spouse	□Parent
	PLEASE CHECK <u>ON</u>	IE AND FOLLOW ALL INSTRUCTIONS
□I was granted a 2	2017 filing extension b	y the IRS
Please pro	vide:	
 from the II A copy of the Individual A copy of I self-emplo 	RS or other relevant ta he IRS Form 4868 (App Income Tax Return) th RS form W-2 for each	n extension beyond the six-month extension with confirmation is authority of non-filing; AND colication for Automatic Extension of Time to File a U.S. at was filed with the IRS for tax year 2017; AND cource of employment income received for tax year 2017 and, and certifying the amount of the individual's AGI and the U.S
operation or natio	•	ying National Guard duty during a war or other military y that I have not filed an income tax return or a request for a
☐I was required to	o file an amended IRS i	ncome tax return for tax year 2017
Please pro	vide:	
does not h tax inform	ave to be signed), or a	(that will only include information from the original return and ny other IRS tax transcript(s) that includes all of the income an erified; or acceptable IRS alternative, such as a Return Transcrip

• A signed copy of the 2017 IRS Form 1040X (Amended U.S. Individual Income Tax Return) that

was filed with the IRS



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\square I was a victim of IRS Identity Theft and have been	unable to obtain a 2017	IRS Tax Return	Transcript or
use the IRS DRT.			

- Call the IRS Identity Protection Specialized Unit (IPSU) toll-free number at 800-908-4490. Ask
 IPSU to mail an "alternate paper tax return transcript" also known as TRDBV (Transcript
 DataBase View). Make a copy of the "alternative paper tax return transcript," write your full
 name and Student ID number at the top of the first page, and submit to Financial Aid office;
 AND
- Write, sign, and date a statement indicating that you were a victim of IRS tax-related identify theft and that the IRS has been made aware of the tax-related identify theft. Make certain that your name and ID are on the statement and that your signature is a handwritten signature. Attach to this form and return to the Financial Aid office.

☐ I filed, or will file, a Puerto Rican or Foreign tax return for 2017.

Please provide an English translation of the following:

- If you filed an income tax return with Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, or the U.S. Virgin Islands: You may provide a signed copy of the income tax return. However, if we question the accuracy of the information on the signed copy of the income tax return, the tax filer must provide us with a copy of the tax account information before verification can be completed.
- If you filed an income tax return with the tax authority for American Samoa, you must provide a copy of your tax account information.
- If you filed an income tax return with tax authorities not mentioned above but are unable to obtain the tax account information free of charge, you must provide documentation that the tax authority charges a fee to obtain that information, along with a signed copy of your income tax return.



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☐I was not required to file a 2017 Individual Incom	me Tax Return.
·	filer is excluded from the verification requirement to non-filing status from the IRS or other relevant tax of dependent students:
Please provide:	
Tax Record," then request a transcript onl	y going to https://www.irs.gov/ and clicking "Get My ine or by mail. You can also call 1-800-908-9946. If the you, you will receive a letter confirmation your non-
Financial Aid office and provide a signed state obtain the VNF from the IRS or other tax authors.	Aid staff will determine, your good-faith effort to
return, AND	al has not filed and is not required to file a income tax ned by the individual from work and the amount of
·	document, for all sources of employment income
CERTIFICATE & SIGNATURE The person signing below certifies that the inform	ation reported is complete and accurate:
Signature of individual above	 Date