



2018-2019 Tax Return Filing Status Form- Parent

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ Phone# \_\_\_\_\_

Parents' Marital Status reported on FAFSA:

- Married or Remarried
Never Married
Divorced
Separated
Widowed
Unmarried but living together

Parents' 2016 Tax Return Filing Status:

- Single
Married, filing jointly
Married, filing Separately
Head of household
Qualifying widow(er)

Your parent's marital status reported on the 2018-2019 FAFSA does not appear to agree with parents' 2016 tax return filing status. Please check the box below that describes the reason they were eligible to file the tax return as reported to the IRS office. Do not use pencil.

- One parent is not a US citizens or legal resident. Name of parent: \_\_\_\_\_
Parents were married after the 2016 tax year. Date married: \_\_\_\_\_
Parents were separated at the time the taxes were filed. Date separated: \_\_\_\_\_
Attach proof such as lease agreements/mortgage statements or electricity bills verifying different addresses for each. If you are unable to submit proof, parents may be required to amend their tax return(s).
Other, please explain:

Four horizontal lines for providing additional explanation.

Signatures

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I understand that I may be required to file an amended tax return depending on my written response. I further understand that I may no longer be eligible to receive TITLE IV funds until I have resolved all conflicting information.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Print Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

For Office Use Only: Received by \_\_\_\_\_