## 2017 – 2018 Tax Extension Form

Student Name:



Student Financial Aid Office 11400 Robinwood Drive Hagerstown, MD 21742 finaid@hagerstowncc.edu FAX: 301-791-9165

FAX. 301-791-9103

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

La	si name	riist name	IVII
HCC Student ID: _			
	•	U.S income tax return and have (IRS) for 2015, please sub	
Income Tax I approval of a	Return," that you filed an extension beyond t		of Time to File U.S. Individual x year, or a copy of the IRS's nsion if you requested an
	• •	extension beyond the automextension of the filing time fo	natic six-month extension if the or tax year 2015
	•	nfirmation that the tax return dated on or after October 1,	has not yet been filed) from the 2016
If you are se		a signed statement certifying	e for you and your spouse <b>OR</b> g the amount of AGI and the
Please check who	requested and was	granted a tax extension:	
Student (and/c	or Spouse)		
Parent(s) Pare	ent must sign below if	they have requested an exte	ension.
Student Signature:			
Date:			
Parent Signature:			
<u> </u>	(Required for Depende	ent Students)	
Date:			

17MTAXEX 11/18/2016