2020-2021 Amended Tax Return Form for Parent(s)



Student Financial Aid Office 11400 Robinwood Drive Hagerstown, MD 21742

Phone: 240-500-2473 finaid@hagerstowncc.edu FAX: 301-791-9165

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

Student Name: Last Name	First Name	MI
HCC Student ID:		
For an individual who filed an amended Int submit the following:	ernal Revenue Service (IRS) income ta	ax return for 2018, please
include all of the income and tax inf	all applicable schedules, or any other formation required to be verified; and m 1040X, "Amended U.S. Individual Ind	r IRS tax transcript(s) that
Parent Signature:	Dat	te:
Office Use Only: IRS DRT CO	DDE SHOWS "07". Yes or No	Initials

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