2020-2021 Tax Extension Form

Student Name:



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.

Last Name	First Name	MI
HCC Student ID:		
	ed to file a U.S income tax return and had nue Service (IRS) for 2018, please subm	
	IRS's approval of an extension beyond to all requested an additional extension of the	
	Letter (confirmation that the tax return hax authority dated on or after October 1, 2	,
	2 for each source of employment income ed, submit a signed statement certifying the 2018 tax year	
Please check who requested	and was granted a tax extension:	
Student (and/or Spouse)		
Parent(s) Parent must sig	ın below if they have requested an exten	sion.
Student Signature:		
Date:		
Parent Signature: (Required t	for Dependent Students)	
Date:		

20MTAXEX 1/16/2020