2023-2024 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.

La	ast Name	First Name	MI
HCC Student ID:			
	ho is required to file a U.S in ternal Revenue Service (IR		•
	e unexpired IRS's approval the individual requested an		e automatic six-month filing time for tax year 2021
	of Non-filing Letter (confirma relevant tax authority dated		s not yet been filed) from the 22
AND/OR If y	S Form W-2 for each source out on the source of the source	omit a signed statement ce	
Please check who	requested and was grant	ed a tax extension:	
Student (and/o	or Spouse)		
Parent(s) Pare	ent must sign below if they I	nave requested an extensi	on.
Student Signature:			
Date:			
Parent Signature:	(Required for Dependent Stu	udents)	
Date:			

23MTAXEX 4/17/2023