2019-2020 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: _ L	ast Name	First Name	MI
HCC Student ID:			
For an individual wh submit the following		ernal Revenue Service (IRS) income ta	x return for 2017, please
2017 signed information i	d IRS Tax Return, or an required to be verified; a by of the 2017 IRS Form	(that will only include information from by other IRS tax transcript(s) that includ and a 1040X, "Amended U.S. Individual Inc	le all of the income and tax
Please write whic	ch parent amended t	heir tax return:	
Parent(s): _			
Student Signature	:	Dat	e:
Parent Signature:	(Required for Depend		e:
		· 	
Office Us	se Only: IRS DRT COI	DE SHOWS "07". Yes or No	_ Initials

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