## 2023-2024



## **Amended Tax Return Cover Sheet – Parent**

Student's Name (PRINT):			Phone: (	)
HCC ID:(9-digit number required)	Date of Birth:/_	/	Home Campus:(Pri	mary location of attendance)
Your financial aid application he HCC must verify the data you must be completed prior to He Tax Transcript(s) for tax year 2 will make the corrections elected.	reported on your Free Apt CC awarding or disbursing 021. If there are differenc	pplicatior financial	n for Federal Student Aid laid funds. Please provide	FAFSA). Verification of data copies of your parent(s) IRS
Check the appropriate tax info	rmation being provided:			
<b>AMENDED TAX RETURN</b> : Pa documents to complete verifica		d return (	IRS Form 1040X) must prov	ide the following
<ul> <li>The Original IRS Tax Re</li> </ul>		•	le information from the ori g status and adjusted gross	
If your parent requests a comp original tax return transcript be		•		_
Submit the requested IRS tax t ALL pages to this form. The tax both sides.	•		-	
		OOWNLO	AD BOX	
	Cer	rtification	1	
By signing below, I/we acknown Purposely giving false or mis dependent one parent whose	leading information may	result in		nce, or both. If student is
acpendent, one parent whose				

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

Updated 3/10/2020 Page 1 of 1