

**2017-2018 Parent Amended Taxes**

**Student Information (For Institutional Identification Purposes)**

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	MCC ID #	Date of Birth
_____			_____	
Home Phone Number			Cell Phone Number	

**INSTRUCTIONS:** You indicated on the FAFSA that your parents have completed an amended tax return. By checking “**No**” in the box below your parent confirms that it was an error. However, if they select “**Yes**” they must provide a signed copy of their **2015** 1040X with the IRS stamp and original Tax Return form. You must return this form to the MCC Financial Aid Office. **Your financial aid cannot be processed until this information is received.**

**Did you complete an amended Tax Return?**  Yes  No

By signing this worksheet, I certify that all of the information reported on this worksheet is complete and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required)

\_\_\_\_\_  
Date