## 2020-2021



## **Tax Transcript Cover Sheet – Parent (FTTP21)**

Student's Name (PRINT):			Phone:	()	
HCC ID:	Date of Birth:	//_	Home Campus:_		
(9-digit number required)				(Primary location of attendance)	
Your financial aid application had Application for Federal Student of financial aid funds. Please provide differences between this information.	Aid (FAFSA). Verificat de copies of your par	tion of data m rent(s) IRS Tax	ust be completed prio Return or Transcript(	or to HCC awarding or disburs s) for tax year 2018. If there	ing
Check the appropriate tax infor	mation being provid	ed:			
TAX TRANSCRIPT(s): Please napplication process: (1) Login to the IRS data remains unchanged download their IRS Tax Transcript transcript via automated phone	your FAFSA applicat , you will be waived f ot by logging onto htt	ion and utilize from having to p://www.irs.g	the IRS Data Retrieva submit a Tax Transcri ov/Individuals/Get-Tr	l Tool. If this tool is used and ipt OR (2) Your parent(s) can	
IDENTITY THEFT VICTIM: Product Tax Transcript because of identit 1-800-908-4490. Once the IPSU acopy of an alternative document is submitted in place of the IRS Tindicating that they were victims	y theft must call the authenticates the inc unique to identity that ax Transcript/Return	IRS's Identity dividual's iden heft issues (Ta n, the parent(s	Protection Specialized ity, the parent(s) can x return Data Base Vie ) must also provide a c	I Unit (IPSU) at toll-free numb request the IRS provide a pap ew - TRDBV). If the TRDBV for dated signed statement	er oer
TAX EXTENSION FORM AND extension, submit a copy of IRS a they are self-employed, a signed	approval of extension	n. The parent(	s) must also provide a	copy of all their W-2 forms of	
AMENDED TAX RETURN: Pare must provide the following docu  • A signed copy of the 104  • The Original IRS Tax Retu  • An IRS Account Transcrip	ments to complete v OX form that was file urn Transcript (that w	rerification: ed. vill only includ	e information from th		
Submit the requested IRS tax transcript is usually submitted p	•		•		×
DOWNLOAD BOX					

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

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## Certification

By signing	below,	I/we	acknowledge	and confirm	that	the abo	ove a	and at	ttached	info	rmation	is co	mplete	an	d correc	ct.
Purposely	giving	false	or misleadin	g information	may	result	in fe	edera	l fines,	jail	sentence	e, or	both.	lf s	student	is
dependent, one parent whose information was reported on the FAFSA must sign and date this form.																

Parent Signature:	Date:
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