



2018-2019 Parent Marital & Tax Filing Status Clarification

The SMC Financial Aid Office must compare information you provide on this worksheet and other documents for the purpose of resolving conflicting information.

Last Name	First Name	SMC ID
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Section A: Parent Marital Status and Tax Filing Status

The parent marital status reported on the FAFSA potentially conflicts with parent(s) tax filing status. Please confirm both marital and tax filing statuses by checking the applicable boxes in each section below.

Current Marital Status	Tax Filing Status as Reported on 2016 Federal Tax Return
<input type="checkbox"/> Single	<input type="checkbox"/> Single
<input type="checkbox"/> Legally Married/Remarried: _____ As of (mm/dd/yyyy)	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Divorced or Separated: _____ As of (mm/dd/yyyy)	<input type="checkbox"/> Married Filing Jointly
<input type="checkbox"/> Widowed: _____ As of (mm/dd/yyyy)	<input type="checkbox"/> Married Filing Separately
<input type="checkbox"/> Unmarried and Living Together	<input type="checkbox"/> Widow with Qualifying Dependent(s)
	<input type="checkbox"/> I did not file

Section B: Parent Information

Please provide parent(s) information below. If SSN is not applicable, please use all zeros.

Parent #1	Parent #2
Name: _____	Name: _____
Date of Birth (mm/dd/yyyy): _____	Date of Birth (mm/dd/yyyy): _____
Last 4 digits of SSN: _____	Last 4 digits of SSN: _____

Additional Information: Considering your marital status, please explain below why you filed taxes the way you did in 2016. Please attach an additional sheet of paper if more space is needed.

Certification and Signatures

I certify that all the information which I have provided on this form is complete and correct to the best of my knowledge. I understand that if I purposely provide false or misleading information, I may be fined, be sentenced to jail or both, and it may be cause for denial, and/or repayment of financial aid funds.

Student Signature _____

Date _____

Parent Signature _____

Date _____