



**SANTA ANA
COLLEGE**

Financial Aid
1530 W. 17th St.
Santa Ana, CA 92706

2021-2022

Name of Financial Aid Applicant (Please print)

Last

First

Middle

Student ID Number: _____

Amended Tax Return Verification Form

According to the IRS, you or your parent (s) filed an amended tax return for 2019. We are required to collect **All** of the following documents for the person/people who filed the tax amendment:

- 2019 1040X amended tax return [Must be signed or have preparer name and PTIN number]
- 2019 original 1040 tax return [Must be signed or have preparer name and PTIN number] or 2019 tax return transcript

I HEREBY CERTIFY that to the best of my knowledge, all of the information provided is true and complete. I understand that false statements or misrepresentations will be cause for denial or repayment of financial aid.

Student Signature

Date

It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial_aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.

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