



**FINANCIAL AID AND
VETERANS SERVICES**
Illinois Valley Community College

For Office Use Only:
Approved by: _____

**2024-2025
Tax Filing Status -
Parent**

815 North Orland Smith Rd, CTC-101S Oglesby, Illinois 61348 | E-mail: financialaid@ivcc.edu | Telephone:
815-224-0438 | Fax: 815-224-0638

Student Name: _____ ID # or SSN: _____

To Be Completed By Parent

The student's FAFSA results indicate the parents' marital status does not appear to agree with the parents' tax return filing status.

To determine correct parent name(s) to list below, select one of the following:

- If the student's parents are married to each other or are not married to each other and live together, answer the questions about both parents.
 - Submit tax transcripts for both.
- If the student's parent listed on the FAFSA is married, list that parent and their spouse (student's stepparent).
 - Submit tax transcripts for both.
- If the student's parents are not married to each other and do not live together, and the parent listed on the FAFSA is not married, list that parent.
 - Submit tax transcript for that parent.
- If the student's parent listed on the FAFSA is married but is separated (does not live with spouse), list that parent.
 - If tax filing status is married filing joint, submit tax transcripts and W2's for both parents.

Parent Name(s): _____

What is your **current** marital status? (circle one)

Never Married Married or Remarried Separated Widowed
Divorced Unmarried and both parents living together

Date the above status was effective (month/day/ year): _____

I certify that this information is correct and will verify the accuracy of this information if needed.

Parent Signature → **Must be drawn and not typed.**

Date

Forms can be submitted by:

Fax: 815-224-0638 | **Mail:** Office of Financial Aid, 815 N. Orlando Smith Rd Oglesby, IL 61348 | **In Person:** CTC-101S

Note: Documents submitted via email cannot be accepted due to security reasons.