



During this review, the Financial Aid Office will compare information from your FAFSA® with the financial documents you provide and make any necessary corrections. Corrections may affect your eligibility for aid. Please allow up to **four weeks for processing** after all documents are submitted. Additionally, the Financial Aid Office may request further information to complete the review process and financial aid may be held until all requested documentation is submitted and review is complete.

Student Information

Student name (print clearly)

COCC ID number

Did you file a 2024 U.S. Tax Return? If yes, select the appropriate option for student and for parent.

Transcripts may be requested through www.irs.gov .	Student	Parent
I have submitted or will submit a 2024 IRS Tax Return Transcript or a signed federal tax return along with schedules 1 and 3 (if applicable) to COCC.	☐	☐
I have filed a 2024 Application for Extension granted by the IRS. Please provide the following: • A signed statement listing the sources of any 2024 income and the amount of income from each source. • A copy of the IRS's approval of an extension beyond the automatic six-month extension for tax year 2024. • A copy of IRS Form W-2 for each source of employment income received or an equivalent document for tax year 2024. • If self-employed, a signed statement certifying the amount of the individual's adjusted gross income (AGI) and the U.S. income tax paid for tax year 2024.	☐	☐
I have filed an Amended U.S. Individual Income Tax Return (1040X). Please provide the following: • A signed copy of the 2024 IRS Form 1040X that was filed with the IRS or documentation from the IRS that includes changes made by the IRS. • A 2024 IRS Tax Return Transcript or any other IRS tax transcripts that includes all of the income and tax information; OR • A signed copy of the 2024 federal tax return and applicable schedules that was filed with the IRS.	☐	☐
I am a victim of IRS tax-related identity theft. Please provide: • A copy of the signed 2024 federal tax return and applicable schedules filed with the IRS, or an equivalent document provided by the IRS. • An IRS 4674C letter or a statement signed and dated by the tax filer indicating that you are a victim of IRS tax-related identity theft and the IRS is aware of it.	☐	☐

Did you file a 2024 Foreign Tax Return? If yes, select the option for student and for parent.

	Student	Parent
I have filed taxes with a foreign country. Please provide: • Provide a signed copy of the 2024 income tax return that was filed with the relevant tax authority; OR • A transcript obtained from the relevant tax authority that includes all of your income and information required for 2024. The transcript must be signed and translated.	☐	☐

Was parent(s) a non-tax filer in 2024? If yes, select option for parent(s).

		Parent
I certify that my parent(s) were not employed, and neither had income earned from work in 2024.		☐
One or both of my parents were employed in 2024 and have listed below the name of all employers, the amount earned from each employer in 2024, and whether an IRS W2 form or an equivalent document is provided. Proved copies of all 2024 IRS W2 forms issued to your parents. List every employer even if the employer did not issue an IRS W2 form. If more space is needed, provide a separate page with your name and ID number at the top.		☐
Employer's Name	IRS W2 or an Equivalent Document Provided?	Annual Amount Earned in 2024
(example) ABC's Auto Body Shop	Yes	\$4500
One or both of my parents had other income and resources that supported us for the 2024 tax year. List each source of income in the table below. If more space is needed, provide a separate page with your name and ID number at the top.		☐
Source of Income		Annual Amount in 2024

Was the student a non-tax filer in 2024? If yes, select option for student.

		Student
I certify that I did not and was not required to file a 2023 federal income tax return. Please list all sources of income during 2024.		☐
Source of Income such as wages, social security, child support, unemployment, etc.		Annual Amount in 2024

Certification Statement

I confirm that the information is true and complete to the best of my knowledge. I understand that COCC may verify the information and that false or inaccurate statements may result in loss or repayment of financial aid.

Student signature_____
Date_____
Parent signature_____
Date

Financial Aid Office
541.383.7260 • fax: 541.383.7506
2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

Reviewer use only

Sequence _____

Date _____

Initial _____