

2026-2027 MARITAL STATUS/TAX FILING STATUS CONFLICT

Student's Name: _____ Student's CCC ID #: _____

The conflicting information is in regards to: ☐ **Student Information** ☐ **Parent Information** Your

2026-2027 FAFSA indicates that there is a conflict between what you reported for current marital status and the filing status of your 2024 income tax return. Please review your FAFSA and indicate the selection that most accurately represents your situation.

Scenario	Action Required
<input type="checkbox"/> I (the student) or Parent (Dependent Student) am married or re-married.	Please submit a copy of your marriage certificate along with your 2024 IRS Tax Return Transcripts* or signed copies of the 2024 IRS Tax Returns including all Schedules.
<input type="checkbox"/> My spouse and I used to file Married-Filing Separately <input type="checkbox"/> My Parents (Dependent Student) filed Married-Filing Separately	Please provide 2024 IRS Tax Return Transcripts* or signed copies of the 2024 IRS Tax Returns for both yourself and your spouse. OR Please provide 2024 IRS Tax Return Transcripts* or signed copies of the 2024 IRS Tax Returns including all Schedules for both Parents.
<input type="checkbox"/> Since the 2024 tax return was filed, I or Parents (Dependent Student) have become _____ separated or divorced. Please provide the date this occurred: ____/____/____	If Divorced please submit divorce decree If Separated please submit legal separation agreement or a statement explaining current marital status with proof of separate residences maintained by myself and my ex-spouse (lease, utility bills, etc.).
<input type="checkbox"/> For 2024, I or my Parent (Dependent Student) filed as a qualifying widow/widower.	Please provide the date of death: ____/____/____ and submit Death Certificate.
<input type="checkbox"/> I (the student) or Parent (Dependent Student) have never been married	Please provide a signed statement explaining the marital status conflict.

*You can order a free IRS tax return transcript at www.irs.gov.

*All forms requesting signatures **MUST** have a **WET** signature.

REQUIRED SIGNATURE: I certify that all information reported on this worksheet is complete and correct. I understand that changes in FAFSA financial information based on the documentation provided may result in a change in financial aid eligibility. I also understand that additional information/documentation may be requested.

Student's Signature

Date

Parent's Signature (dependent students only)

Date