2024-2025



Tax Transcript Cover Sheet – Student Covers Fall 2024, Spring 2025, Summer 2025

| Student's Name (PRINT): | | | | Phone: () | |
|---|--|--|---|--|--|
| HCC ID: | Date of Birth: | /_ | | Home Campus: | |
| (9-digit number required) | | | | | (Primary location of attendance) |
| | t Aid (FAFSA). Verifice vide copies of the st 2. If there are differ | cation udent' | of data r s and, if | nust be completed prior applicable, contributor! | • • |
| Check the appropriate tax info | ormation being prov | ided: | | | |
| | (1) Login to your FAF s retrieved from the an download their IF | SA app IRS rei RS Tax | llication mains un Transcrip | and you can utilize the II changed, you will be wa ot by logging onto http:// | RS Data Retrieval Tool. If this ived from having to submit the /www.irs.gov/Individuals/Get- |
| IRS Tax Transcript because of i 4490. Once the IPSU authentic | dentity theft must ca ates the individual's nt unique to identity Tax Transcript/Retu | ill the lidentite theft the the the the the the the the the th | RS's Ider cy, the st issues (T e student | ntity Protection Specializ udent/spouse can reque ax return Data Base Viev c/spouse must also provi | est the IRS provide a paper v - TRDBV). If the TRDBV form de a dated signed statement |
| TAX EXTENSION FORM AND extension, submit a copy of IRS forms or, if they are self-emplo | S approval of extensi | on. Th | e studen | t/spouse must also prov | |
| AMENDED TAX RETURN: St must provide the following do • A signed copy of the 1 | cuments to complete 040X form that was f | e verifi iled. | cation: | | |
| | ript that reflects the ranscripts and/or in | correc | t tax filir documer | ntation by attaching ALL | oss income on the 1040X. pages to this form. The tax |
| By signing below, I/we acknowled giving false or misleading informations | • | ne abov | | • | lete and correct. Purposely |
| Student Signature: | | | | Date: | |

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

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