

## **Lander University Financial Aid Office**

320 Stanley Avenue, Greenwood, SC 29649 Email: finaid@lander.edu • Web: www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

## Parent(s) 2021 Federal Amended Returns

Student's Last Name	First	MI	Lander ID (L#)		
The instructions below apply to each (FAFSA).	n parent/step-parent incl	uded in the household (	on the Free Application for Federal Student Aid		
Parent/Step-parent 1 Name: Parent/Step-parent 2 Name:					
If there was a change in the marital change and date here:		•	2021 or parent deceased, please note status		
☐ If the parent(s)/step-pare	nt filed an amended ret	turn for the federal 20	21 tax returns, please attach to this form:		
<ul> <li>A signed copy of IRS return; and either of</li> </ul>		led with the IRS <b>OR</b> do	cumentation from the IRS listing IRS changes to		
			on from the original tax return filed with the IRS or n from the original tax return that is subject to		
A signed copy of the	tax return that was filed	with the IRS or relevant	t tax authority; <b>or</b>		
<ul> <li>Unchanged IRS DRT</li> </ul>	data on the Institutional	Student Information re	cord (ISIR).		
Certifications and Signature	es	misle	RNING: If you purposely give false or eading information, you may be d, sent to prison, or both.		
•	fies that all of the infor		omplete and correct. For a dependent student, must sign and date.		
Student's Signature		Date			
Parent's Signature		Date			

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)	
RRAAREQ	N=Pending Review	668.57(b) and (c), GEN 21-05	xxPTAA
Initials/date		2223 FSAH 10, 53, 68	xxPTAX
Fwd to Counselor date			