LANDER UNIVERSITY

Office of Financial Aid
Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 24IDTP
320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

Parent(s) 2024 Federal IRS Identity Theft

_____

Student's Last Name **First** **MI** **Lander ID (L#)**

The instructions below apply to each parent included in the household on the Free Application for Federal Student Aid (FAFSA).

Parent/Stepparent 1 Name: _____ **Parent/Stepparent 2 Name:** _____

If there was a change in the marital status after the tax year ended December 31, 2024 or a parent deceased, please note status change and date here: _____

❑ **If the parent(s) was/were victim(s) of IRS tax-related identity theft, please provide the following:**

- A copy of the signed 2024 income tax return and applicable schedules the individual filed with the IRS, or an equivalent document provided by the IRS; **and**
- An IRS 4674C letter (a letter from the IRS acknowledging the identity theft) or a statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft, and the IRS is aware of it.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. For a dependent student, the student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____ _____
Student's Signature **Date**

_____ _____
Parent Tax-filer Signature **Date**

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)	
RRAAREQ	N=Pending Review	DCL GEN-24-10	XXIDTP
Initials/date		2627 FSAH AVG Ch. 4	XXPTRD
Fwd to Counselor date			