LANDER UNIVERSITY

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

Parent's Spouse's 2024 Federal Amended Returns

_____

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

The instructions below apply to each parent/stepparent 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)/stepparent 2 filed an amended return for the federal 2024 tax returns, please attach to this form:**

  - A signed copy of 2024 IRS Form 1040X that was filed with the IRS **OR** documentation from the IRS listing IRS changes to return, **and either of the following**
  - A 2024 IRS Tax Return Transcript containing information from the original tax return filed with the IRS or any other IRS tax transcript containing all income and tax information from the original tax return that is subject to verification; **or**
  - A signed copy of the tax return that was filed with the IRS or relevant tax authority; **or**
  - Unchanged IRS Direct Exchange data on the Institutional Student Information record (ISIR).

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

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.

_____ _____

Student's Signature **Date**

_____ _____

Parent/Step-Parent 1 Signature **Date**

DATA ENTRY		Financial Aid Office Use Only (COUNSELOR REVIEW)	
RRAAREQ	N=Pending Review	668.57(b) and (c), GEN 21-05	xxPSTA
Initials/date		2627 FSAH AVG Ch. 4	xxPSTX
Fwd to Counselor date			