

Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: fa@assumption.edu Phone: (508) 767-7158 Fax: (508) 519-1286

Student ID#:

CONFIRMATION OF FEDERAL TAX EXTENSION 2023-2024

Student Name: _____

You were asked to submit this form because you (or your parents) were required to file a 2021 IRS income tax return and have been granted a filing extension by the IRS beyond the automatic sixmonth extension for tax year 2021.

Name(s) of an individual(s) for whom the extension was filed:

1	2
Self-employed? 🗆 Yes 🗆 No	Self-employed? 🗆 Yes 🛛 No
Wages earned by the above individual(s) for tax	x year 2021:
1	2
Estimated Adjusted Gross Income for the above	e individual(s) for tax year 2021: \$
Estimated U.S. income tax paid for the above in	dividual(s) for tax year 2021: \$
Along with this form, please submit:	
 year 2021. Confirmation of non-filing from the IRS dates and the I	beyond the automatic six-month extension for tax ated on or after October 1, 2022.
Certi	fication
U.S. Individual Income Tax Return" and that all of	868, "Application for Automatic Extension of Time to File the information reported on this form is complete and curate.
Name (Please Print):	

Signature Date