Marital and Tax Filing Status Form - Student (DOMV)

Student's Name: ____________________________________________________________

USF ID: U ___________________________ Date of Birth: ____________ / __________ / __________

Read each marital status type and select the response that best reflects your marital status for each section below. Each section must be completed with status dates. Leaving either section blank will result in an incomplete form.

Section 1: What was your marital status as of December 31, 2016?

☐ Single

☐ Married or Re-Married
  Date of marriage or re-marriage (mm/dd/yyyy): __________________________
  Name of spouse: __________________________

☐ in 2016 my spouse was a non-resident alien and I considered myself unmarried for head of household tax filing purposes (per IRS publication 17)

☐ Divorced (have obtained a final divorce decree and has not remarried)
  Date of Divorce (mm/dd/yyyy): __________________________
  Name of ex-spouse: __________________________

☐ Separated (Not living together; considers marriage to be severed and reasonable to assume absent spouse will not return to the home)
  Date of separation (mm/dd/yyyy): __________________________
  Name of spouse separated from: __________________________
  Address of Separated Spouse: __________________________

☐ Widowed (widowed and have not remarried)
  Date you became widowed (mm/dd/yyyy): __________________________

Section 2: What was your marital status as of the date you submitted the 2018-2019 FAFSA?

☐ Never Married

☐ Married or Re-Married
  Date of marriage or re-marriage (mm/dd/yyyy): __________________________
  Name of spouse: __________________________

☐ Unmarried and living together

☐ Divorced (have obtained a final divorce decree and has not remarried)
  Date of Divorce (mm/dd/yyyy): __________________________
  Name of ex-spouse: __________________________

☐ Separated (Not living together; considers marriage to be severed and reasonable to assume absent spouse will not return to the home)
  Date of separation (mm/dd/yyyy): __________________________
  Name of spouse separated from: __________________________
  Address of Separated Spouse: __________________________

☐ Widowed and have not remarried
  Date you became widowed (mm/dd/yyyy): __________________________

Further documentation or clarification may be requested from you based on your answers to the above questions.

Additional Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

By signing this form, I certify that all information reported is complete and correct.

Student Printed Name: _______________________________________________________

Student Signature: __________________________________________________________ Date: __/__/____