

Marital and Tax Filing Status Form - Parent (MARTL)

2024-2025

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U _____ Date of Birth: ____/____/____
Month Day Year

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, 2022?
<input type="checkbox"/> Single, never legally married
<input type="checkbox"/> Unmarried and living together (<i>only to be used when referencing both biological/adoptive parents</i>)
<input type="checkbox"/> Married Date of marriage or re-marriage (mm/dd/yyyy): _____ Name of spouse: _____ <input type="checkbox"/> in 2022 my spouse was a non-resident alien and I considered myself unmarried for head of household tax filing purposes (per IRS publication 17)
<input type="checkbox"/> Re-Married Date of marriage or re-marriage (mm/dd/yyyy): _____ Name of spouse: _____ <input type="checkbox"/> in 2022 my spouse was a non-resident alien and I considered myself unmarried for head of household tax filing purposes (per IRS publication 17)
<input type="checkbox"/> Divorced (<i>parent has obtained a final divorce decree and has not remarried</i>) Date of Divorce (mm/dd/yyyy): _____ Name of ex-spouse: _____
<input type="checkbox"/> Separated (<i>Not living together; considers marriage to be severed and reasonable to assume absent spouse will not return to the home</i>) Date of separation (mm/dd/yyyy): _____ Name of spouse separated from: _____ Address of Separated Spouse: _____
<input type="checkbox"/> Widowed (<i>widowed and have not remarried</i>) Date you became widowed (mm/dd/yyyy): _____

Section 2: What was your marital status as of the date you submitted the 2024-2025 FAFSA?
<input type="checkbox"/> Single, never legally married
<input type="checkbox"/> Married Date of marriage or re-marriage (mm/dd/yyyy): _____ Name of spouse: _____
<input type="checkbox"/> Re-Married Date of marriage or re-marriage (mm/dd/yyyy): _____ Name of spouse: _____
<input type="checkbox"/> Unmarried and living together (<i>only to be used when referencing both biological/adoptive parents</i>)
<input type="checkbox"/> Divorced (<i>parent has obtained a final divorce decree and has not remarried</i>) Date of Divorce (mm/dd/yyyy): _____ Name of ex-spouse: _____
<input type="checkbox"/> Separated (<i>Not living together; considers marriage to be severed and reasonable to assume absent spouse will not return to the home</i>) Date of separation (mm/dd/yyyy): _____ Name of spouse separated from: _____ Address of Separated Spouse: _____
<input type="checkbox"/> 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. Any alteration to this form will not be accepted. All signatures must be handwritten, or signed with DocuSign. Typed signatures will not be accepted.

Parent Printed Name: _____

Parent Signature: _____ Date: ____/____/____

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