

Student's Name _____ Mercer ID # _____

Mercer University requires a signed and dated statement confirming the tax filer who was the victim of IRS Tax-Related Identity Theft has properly communicated with the IRS.

Tax-Filer (Victim of IRS Tax-Related Identity Theft)

Print clearly the name(s) of the tax filer(s) who was/were the victim of IRS Tax-Related Identity Theft.

Tax Filer Name _____

Tax Filer Name _____

Tax Filer Name _____

Certification

I hereby certify that I am the victim of IRS Tax-Related Identity Theft and that the IRS has been made aware of my situation.

Tax Filer Signature _____

Tax Filer Signature _____

Tax Filer Signature _____

Electronic Signatures will NOT be accepted. You must print this form before signing and submitting

Please return this form to the Office of Student Financial Planning at Mercer University as listed below:

<p>Macon and RAC campuses: Mercer University Office of Student Financial Planning 1501 Mercer University Drive Macon, GA 31207-0001 FinancialPlanning@mercer.edu Phone Number: (478) 301-2670</p>	<p>Atlanta Campus: Mercer University Office of Student Financial Planning 3001 Mercer University Drive Atlanta, GA 30341 financialplanning@mercer.edu Phone Number: (678) 547-6444</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------