



## 2017-2018 Earnings Form

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete this form as instructed in your email. If an item does not pertain to you, please enter N/A.

**Section A:** Report all earned income for 2015 (including odd jobs). Attach your and/or your parents 2015 Federal Income Tax Transcripts from the IRS office (if applicable). Earnings outside of the United States must also be reported.

Employer Name (attach all W2s or 1099s)	Student	Mother/Step-mother	Father/Step-father
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$

**Section B.** Please answer Yes or no if you and/or your parents received any of the following types of assistance in 2015.

Type of Assistance	Student	Mother/Step-mother	Father/Step-father
Supplemental Security Income (SSI)			
Food Stamps- received <b>assistance during 2015 or 2016</b>			
TANF (Temporary Assistance for Needy Families)			
WIC (Nutrition Program for Women, Infants, and Children)			

**Section C.** Report 2015 yearly amounts. **Attach proof for all items on this section**

Sources of Untaxed Income	Student	Mother/Step-mother	Father/Step-father
Child support received (exclude foster care or adoption payments)	\$	\$	\$
<b>Military</b> housing, food or other living allowances received.	\$	\$	\$
Veterans' non education benefits (Disability, Death Pension, etc.)	\$	\$	\$
Workers' compensation received	\$	\$	\$
Money received or paid on your behalf (bills) not listed elsewhere	\$	\$	\$
Wages earned outside the U.S. (Example: Mexico)	\$	\$	\$
Other type income: _____	\$	\$	

**Section D.** Report 2015 yearly amounts.

Taxable Income	Student	Mother/Step-mother	Father/Step-father
College work study	\$	\$	\$
College grants & scholarships if reported as income to IRS. Attach W2s	\$	\$	\$
Combat pay or special combat pay (only report taxable amount)	\$	\$	\$
Earnings from work under a co-op education program offered by a college.	\$	\$	\$

### Signatures

*I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.*

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only: Received by \_\_\_\_\_