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# 2018-2019 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 2016 (including odd jobs). Attach your and/or your parents 2016 Federal Income Tax Transcripts from the IRS office (if applicable). Farnings outside of the United States must also be reported

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Employer Name (attach all W2s or 1099s)	Student/Spouse	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 2016.

Type of Assistance	Student/Spouse	Mother/Step-mother	Father/Step-father
Supplemental Security Income (SSI)			
Food Stamps- received assistance during 2016 or 2017			
TANF (Temporary Assistance for Needy Families)			
WIC (Nutrition Program for Women, Infants, and Children			

#### Section C. Report 2016 yearly amounts. Attach proof for all items reported on this section

Sources of Untaxed Income	Student/Spouse	Mother/Step-mother	Father/Step-father
Child support received (exclude foster care or adoption payments)	\$	\$	\$
Military 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	\$	\$ XXXXXXXXXXXXXX	\$ XXXXXXXXXXXX
Wages earned outside the U.S. (Example: Mexico)	\$	\$	\$
Other type income:	\$	\$	

#### Section D. Report 2016 yearly amounts.

Taxable Income	Student/Spouse	Mother/Step-mother	Father/Step-father
College work study (Attach W2s, 1098s and/or 1099s)	\$	\$	\$
College grants & scholarships if reported as income to IRS. Attach W2s, 1098s and/or 1099s	\$	\$	\$
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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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