



*"The mission of Tri-County Community College is to engage students in learning, help students succeed, and enrich the communities we serve."*

Financial Aid Office  
21 Campus Circle  
Murphy, NC 28906

## 2021-2022 Other Untaxed Income for 2019

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If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 (zero) in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

**2019 IRS W-2 forms:** Provide copies of all 2019 IRS W-2 forms issued by the employers to the dependent student and the student's parents or to the independent student and spouse, if the student is married.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2019, multiply that amount by the number of months in 2019 you paid or received that amount. If you did not pay or receive the same amount each month in 2019, add together the amounts you paid or received each month during 2019.

If more space is needed, provide a separate page with the student's name and ID number at the top.

**A. Payments to tax-deferred pension and retirement savings**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

| Name of Person Who Made the Payment                                  | Annual Amount Paid in 2019 |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |
|  |                            |
| <b>Total Payments to Tax-deferred Pension and Retirement Savings</b> | <b>\$</b>                  |

**B. Child support received**

List the actual amount of any child support received in 2019 for the children in your household.

**Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

| Name of Adult Who Received the Support        | Name of Child For Whom Support Was Received | Annual Amount of Child Support Received in 2019 |
|---|---|---|
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| <b>Total Amount of Child Support Received</b> |   | <b>\$</b>                                       |

**C. Housing, food, and other living allowances paid to members of the military, clergy, and others**

Include cash payments and/or the cash value of benefits received.

**Do not include** the value of on-base military housing or the value of a basic military allowance for housing.



| Name of Recipient                        | Type of Benefit Received | Annual Amount of Benefits Received in 2019 |
|--|--------------------------|--|
|  |                          |  |
|  |                          |  |
|  |                          |  |
| <b>Total Amount of Benefits Received</b> |                          | <b>\$</b>                                  |

**D. Veterans non-education benefits**

List the total amount of veterans non-education benefits received in 2019. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

**Do not include** federal veteran’s educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

| Name of Recipient                        | Type of Veterans Non-Education Benefit | Annual Amount of Benefits Received in 2019 |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
| <b>Total Amount of Benefits Received</b> |  | <b>\$</b>                                  |

**E. Other untaxed income**

List the amount of other 2019 untaxed income not reported and excluded elsewhere on this form. Include untaxed income such as workers’ compensation, disability benefits, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

**Do not include** any items reported or excluded in A – D above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

| Name of Recipient                           | Type of Other Untaxed Income | Annual Amount of Other Untaxed Income Received in 2019 |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
|   |                              |  |
| <b>Total Amount of Other Untaxed Income</b> |                              | <b>\$</b>  |

**F. Money received or paid on the student’s behalf**

List any money received or paid on the student’s behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2019. Include support from a parent whose information was not reported on the student’s 2021–2022 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person’s contributions **unless the person is the student’s parent whose information is reported on the student’s 2021–2022 FAFSA**. Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.



| Purpose: e.g., Cash, Rent, Books | Source | Annual Amount Received in 2019 |
|----------------------------------|--------|--------------------------------|
|                                  |        |                                |
|                                  |        |                                |
|                                  |        |                                |
| <b>Total Amount Received</b>     |        | <b>\$</b>                      |

**Additional information:**

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Name of Recipient                                 | Type of Financial Support | Annual Amount of Financial Support Received in 2019 |
|---|---------------------------|---|
|   |                           |   |
|   |                           |   |
|   |                           |   |
| <b>Total Amount of Financial Support Received</b> |                           | <b>\$</b>   |

Comments:

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Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

**Certification and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent (if dependent) whose information was reported on the FAFSA must sign and date.

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

\_\_\_\_\_  
 Print Student's Name

\_\_\_\_\_  
 Student's ID Number

\_\_\_\_\_  
 Student's Signature (Required)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse's Signature (Required if married)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature (Required if Dependent Student)

\_\_\_\_\_  
 Date