



TECHNICAL COLLEGE
OF THE LOWCOUNTRY

Financial Aid Office
921 Ribaut Road-PO BOX 1288
Beaufort, S.C. 29901-1288
Phone 843.470.5961
Fax 843.525.8285
www.tcl.edu
financialaid@tcl.edu

2020-2021 UNTAXED INCOME FORM

Student Name _____ TCL Student ID _____

Please provide the following information for the **2018** calendar year (January-December, 2018). If an item does not apply to you, enter "0". **Each blank must have a response.**

Items	Student (& Spouse if Married)	Parent (if dependent)
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported in the W-2 Form in Boxes 12a-12d, codes D, E, F, G, H and S. Do not include amounts reported in code DD (employer contributions toward employee health benefits).		
IRA deductions and payments to self-employed SEP, SIMPLE, and KEOGH and other qualified plans		
Child support received for all children. Don't include foster care or adoption payments.		
Tax exempt interest income.		
Untaxed portions of IRA distributions from 1040- lines Exclude rollovers. If negative, enter "0".		
Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.		



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Items	Student (& Spouse if Married)	Parent (if dependent)
Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances.		
Other untaxed income and benefits, such as workers' compensation, disability, etc. Include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, WIA educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.		
Money received or paid on your behalf (e.g. bills), not reported elsewhere on this form or the FAFSA. This includes money that you received from a non-custodial parent that is not part of a legal child support agreement.		

I certify that all of the information reported on this form is complete and correct.

Student Signature _____

Date _____

Spouse Signature _____
(if married)

Date _____

Parent's Signature _____
(if dependent)

Date _____