



**Office of Enrollment Management**  
*Financial Aid & Scholarships*

**2018-2019 UNTAXED INCOME WORKSHEET**

Student's Name: \_\_\_\_\_

LSU ID: 89 - \_\_\_\_\_ - \_\_\_\_\_

Please indicate the **total amount received during the 2016 calendar year**. All questions must be answered, even if the answer is zero.

| Parent(s)     | Student & Spouse   |
|---------------|--|
| \$ _____      | \$ _____ Taxable earnings from need-based employment programs, such as Federal Work-study and need-based employment portions of fellowships and assistantships.  |
| \$ _____      | \$ _____ Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.   |
| \$ _____      | \$ _____ Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. <b>Don't include</b> untaxed combat pay reported on the W-2 in Box 12, Code Q.   |
| \$ _____      | \$ _____ Earnings from work under a cooperative education program offered by a college. <b>Don't include</b> earnings from Federal Work-Study or Chancellor's Student Aide.  |
| \$ _____      | \$ _____ Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.  |
| \$ _____      | \$ _____ Child support <b>received</b> for all children. Don't include foster or adoption payments.  |
| \$ _____      | \$ _____ Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.   |
| \$ _____      | \$ _____ Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. <b>Don't include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, Workforce Investment Act 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. |
| \$ _____      | \$ _____ Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.  |
| \$ <u>N/A</u> | \$ _____ Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.  |

By signing this statement, I (we) certify that all information on this form is complete and correct. **\*If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Note: Electronic signatures will not be accepted.**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_