



Office of Financial Aid & Scholarships

2024-2025 MISCELLANEOUS WORKSHEET

Student's Name: _____

LSU ID: 89-_____-_____

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. Don't include 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. Don't include earnings from Federal Work-Study or President'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 received 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). Don't include 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, making work pay credit etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements, (e.g., cafeteria plans), 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 form.
Y / N	Y / N	SSI Benefits
Y / N	Y / N	Free or Reduced Lunch
Y / N	Y / N	TANF
Y / N	Y / N	WIC
Y / N	Y / N	Dislocated Worker