

## Office of Enrollment Management

## 2019-2020 PARENT TAX SCHEDULES

Student's Name:			LSU ID: 8	89	
Your 2019-2020 application for tax return transcript we receive order to verify any self-employ Form 1065 is needed. This form assist in filing personal income blank version below for referen	d, it appears your pare ment income earned f n would have been pro taxes. It is not part of ice.  SAMPLE Schedu	ent(s) had in from the particular behavior duced by the the individual	tnership, a the partners tual income	n a partnersh a copy of the ship informat	ip in 2017. In Schedule K-1 tion, and is used to
	Schedule K-1 [Form 1065] Department of the Treasury  For calendar year 2010, or hax	Partner's Share of Deductions, Cred	f Current Year Income, lits, and Other Items		
	Internal Revenue Service year beginning 2010 ending 20	2 Net rental real entate income (loss)	10 0000		
	Partner's Share of Income, Deductions,	3 Other net rental income (loss)	16 Foreign transactions		
	Credits, etc. See back of form and separate instructions.  Part I Information About the Partnership	4 Guaranteed payments			
	A Partnership's employer identification number	5 Interest income			
	B Portnership's name, address, city, state, and ZIP code	6a Ordinary dividends			
		6b Qualified dividends			
	C FIS Center where partnership filed return	7 Royalties			
	Check if this is a publicly traded partnership (PTP)	8 Net short-term capital gain (loss)			
	Part II Information About the Partner	9a Net long-term capital gain (loss)	17 Alternative minimum tax (AMT) items	100	
	E Partner's identifying number	96 Collectibles (28%) gain (loss)			
	F Partner's name, address, city, state, and ZFP code	9c Unrecaptured section 1250 gain 10 Net section 1231 gain (cos)			
		11 Other income doss)	18 Tax-exempt income and nundeductible expenses		
	G General partner or LLC Limited partner or other LLC	Tr Commission party			
	G General partner or LLC Limited partner or other LLC member emanager member  H Domestic partner Foreign partner				
	What type of entity is this partner?	12 Section 179 deduction	19 Distributions		
	J Partner's share of profit, loss, sed capital (see instructions):  Beginning Ending	13 Other deductions			
	Profit % % % % % % % % % % % % % % % % % % %		20 Other information		
	Capital % %  K Partner's share of liabilities at year end:				
	Nonrecourse	14 Self-employment earnings (cos)			
	L. Purbor's capital account analysis: they arrain capital account analysis: they arrain capital account	"See attached statement for additional stateme	ditional information.		
☐ I (We) have attached 20	017 Schedule K-1 For	m 1065.			
☐ I (We) did not receive a	a 2017 Schedule K-1 l	Form 1065	due to hav	ring an S-Cor	poration.
By signing this statement, I (We) cert or misleading information on this w	ify that all information on orksheet, you may be fine	this form is ced, be sentence	complete and ced to jail, or	l correct. *If yor both.	u purposely give false
Note: Electronic signatures will not b	e accepted.				
Parent #1's Signature:			[	Date:	
Parent #2's Signature:			1	Date:	