



Office of Enrollment Management

2019-2020 UNTAXED INCOME WORKSHEET

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

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

Please indicate the total amount received during the 2017 calendar year. All questions must be answered, even if the answer is zero.

- Parent(s) Student & Spouse
\$ Taxable earnings from need-based employment programs...
\$ Student grant and scholarship aid reported to the IRS...
\$ Combat pay or special combat pay...
\$ Earnings from work under a cooperative education program...
\$ Payments to tax-deferred pension and savings plans...
\$ Child support received for all children...
\$ Housing, food, and other living allowances paid to members of the military...
\$ Other untaxed income not reported...
\$ Veterans noneducation benefits...
\$ N/A Money received, or paid on your behalf...

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: \_\_\_\_\_