LOUISIANA TECH UNIVERSITY
Office of Financial Aid

Verification of Untaxed Income 2023-2024

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

Dependent Student

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN

The total amount of untaxed income reported received on the FAFSA by you and your parent(s) were different than the amount reported on the Verification Worksheet in 2021. Since this information is conflicting, we need you and your parent(s) to complete this form. Please be aware that documentation of amounts listed below may be requested at a later date.

Report the TOTAL amounts received in 2021 from January 1, 2021 through Decemeber 31, 2021:
Please do not leave any blanks. Use zeroes or N/A when appropriate.

Additional Financial Information	Student	Parent(s)
Education credits (American Opportunity Tax Credit and Lifetime Tax Credit) from IRS Form 1040 Schedule 3- line 3	$	$
Child support paid because of divorce or seperation or as a result of a legal requirement. **Don't include** support for children in your household, as reported on the FAFSA question 69.	$	$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	$	$
Taxable college grant and scholarship aid **reported to the IRS in you adjusted gross income**. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or 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.	$	$
Earnings from work under a cooperative education program offered by a college.	$	$
Untaxed Income	**Student**	**Parent(s)**
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, & S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits).	$	$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1- total of lines 16 + 20.	$	$
Child support you received for any of your children. **Don't include** foster care or adoption payments.	$	$
Tax except interest income from IRS Form 1040- line 2a.	$	$
Untaxed portions of IRA distributions and pensions from IRS Form 1040- (lines 4a +5a) minus (lines 4b + 5b). **Exclude rollovers**. If negative, enter a zero here.	$	$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash value of benefits). **Dont include** the value of a basic military allowance for housing.	$	$
Veterans noneducation benefits, such as Disablility, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	$	$
Other untaxed income not reported in item 89a through 89g (FAFSA), such as worker's comp., disability benefits, untaxed foreign income, etc. Also include the untaxed potions of health savings accounts from IRS Form 1040 Schedule 1- line 13. **Don't include** extended foster care benefits, student aid earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits. Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or 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.	$	$
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 part of a legal child support agreement.	$	$

By signing this form, we certify that all of the information reported to qualify for federal student aid is complete and correct. This verification documentation supersedes any previous forms completed. (At least one parent must sign).

Student Signature: _____ **Date:** _____

Mother/Stepmother Signature: _____ **Date:** _____

Father/Stepfather Signature: _____ **Date:** _____