2023 Parent(s) Foreign Income Clarification 2025-2026 Academic Year

Student Name: _____ Lehigh Identification Number (LIN): _____
Email Address: ____ Date of Birth: _____

| Complete this form if you do not file a U.S. federal tax return, | and earn i | ncome from a foreign source(s). |
|--|-------------|---|
| • Enter below the amount(s) below for calendar year 2023. Do amount to provide. | not leave a | ny field blank. Indicate \$0 if there is no |
| Attach a copy of your foreign income tax return. If there is no foreign your employer(s) confirming the 2023 earnings. Foreign documents should be translated into English (and please) | | |
| - 0.0.8.1 0.00.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | |
| Income earned from work: | Parent 1 | \$ |
| Income earned from work: | Parent 2 | \$ |
| Interest earned (cash, savings and checking account(s)): | | \$ |
| Dividends: | | \$ |
| Taxes Paid: | | \$ |
| Other taxable income (alimony, pensions, annuity, unemployment, etc.): | | \$ |
| Other untaxed income (welfare benefits, Veteran's benefits, worker's compensation, untaxed social security, etc.):* | | \$ |
| TOTAL INCOME: | | \$ |
| *Explain the source(s) of other untaxed income and benefits reported: | | 7 |
| | | |
| Additional Comments: | | |
| certify that I have not, will not, and not required to file a U.S. 2023 Federate information listed above is accurate to the best of my knowledge. I hemployer confirmation of income. | | |
| Parents Country of Residence: | | |
| Parent's Printed Name: | Date: | |
| Parent's Signature: | | |
| | | |

Please submit to Lehigh University's Office of Financial Aid via the go.lehigh.edu/finaiddoccenter, by mail, or by fax (610)758-6211. You may also contact our office at (610)758-3181 or financialaid@lehigh.edu