



# LEHIGH UNIVERSITY

## 2025-2026 Student & Parent Untaxed Income Clarification Form

Student Name: \_\_\_\_\_ Lehigh Identification Number (LIN): \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

There is some question as to the sources and amounts of parental untaxed income as reported on the financial aid applications and/or verification worksheet. Please list below the amounts and sources of student and parent untaxed income such as child support, untaxed social security benefits, and pretax contributions to retirement plans.

### STUDENT'S Untaxed Income (And SPOUSE if applicable)

Please indicate below the amount of **untaxed** income that the student received in 2023:

Sources of Untaxed Income	Amount	Sources of Untaxed Income	Amount
Tax Exempt Interest: IRS Form 1040 line 2a	\$	Payments to Tax Deferred Pensions: W-2 Form: boxes 12a to 12d, codes D, E, F, G, H, S	\$
Deductible IRA/Keogh: IRS Form 1040 Schedule 1 lines 16 + 20	\$	Untaxed IRA and Pensions/Annuities: IRS Form 1040 line (4a + 5a) minus (4b + 5b)	\$
Child Support:	\$	Welfare Benefits:	\$
Housing, Food, Living Allowances:	\$	Veterans' Non-Educational Benefit:	\$
Gifts/Support from Others:	\$	Untaxed Social Security Benefits: IRS form 1040 line 6a minus 6b	\$

### PARENT(S)' Untaxed Income

Please indicate below the amount of **untaxed** income that your parent(s) received in 2023:

Sources of Untaxed Income	Amount	Sources of Untaxed Income	Amount
Tax Exempt Interest: IRS Form 1040 line 2a	\$	Payments to Tax Deferred Pensions: W-2 Form: boxes 12a to 12d, codes D, E, F, G, H, S	\$
Deductible IRA/Keogh: IRS Form 1040 Schedule 1 lines 16 + 20	\$	Untaxed IRA and Pensions/Annuities: IRS Form 1040 line (4a + 5a) minus (4b + 5b)	\$
Child Support:	\$	Workman's Compensation:	\$
Housing, Food, Living Allowances:	\$	Welfare Benefits:	\$
Gifts/Support from Others:	\$	Veterans' Non-Educational Benefit:	\$
Other untaxed income including health savings account from IRS Schedule 1 – line 13.	\$	Untaxed Social Security Benefits: IRS form 1040 line 6a minus 6b	\$

### Certification and Signature:

I certify that the information provided above is true and complete to the best of my knowledge.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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