



DO NOT FAX FORM  
PRINT ALL INFORMATION  
www.lasersonline.org

IMPORTANT: Complete the entire form.  
Follow the specific instructions for each section.

P.O. Box 44213, Baton Rouge, LA 70804-4213  
225.922.0600 · Toll-Free 1.800.256.3000  
225.922.0612 (hearing impaired)

### Disability Retiree Earned Income Statement

#### SECTION 1: INSTRUCTIONS

You must complete this form detailing your earned income in the previous tax year (even if you had no earned income). *Your signature must be witnessed by a Notary Public.* Only income earned from a non-state (private) employer should be submitted. Do not include any income earned from your previous state agency, if you took a disability retirement during the previous calendar year. LASERS must receive this form, copies of your previous year's W-2(s), 1099(s) and tax return no later than May 1. If you are not required to file a tax return for the previous tax year, please indicate this in Section 3. **Failure to submit this form to LASERS at the address above by May 1 will result in the discontinuance or revocation of your benefits beginning June 1.**

#### SECTION 2: MEMBER'S STATEMENT (To be completed by applicant)

Member's First Name	Middle	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Birth Date	Daytime Area Code/Phone Number	Evening Area Code/Phone Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

#### SECTION 3: TOTAL GROSS EARNINGS (Do not include disability retirement benefits or earnings from your former state agency.)

\$ \_\_\_\_\_ earned in \_\_\_\_\_ year. If you had no earnings, enter "0" (zero).

Check here if you were not required by the Internal Revenue Service to file a \_\_\_\_\_ tax year return.

#### SECTION 4: RETIREE'S SIGNATURE

Retiree's Signature	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address			
<input type="text"/>			

Would you like your address changed to the one listed above if it does not agree with the address on our records?  Yes  No

#### SECTION 5: NOTARIZED SIGNATURE

*The retiree's signature must be signed in the presence of a Notary Public (signature required to be valid).*

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of \_\_\_\_\_, parish/county of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC (Signature)

(affix seal here)

\_\_\_\_\_  
NOTARY PUBLIC (type, print or stamp name) Notary ID # or Bar Roll #

Commission Expires: \_\_\_\_\_

**RETAIN COPY FOR YOUR RECORDS**