STATEMENT OF MISCELLANEOUS INCOME

General Other Income Statement

Date: _____ **Statement No:** _____

Period From: _____ **Period To:** _____

PAYER INFORMATION

RECIPIENT INFORMATION

INCOME DETAILS

DESCRIPTION OF SERVICES / SOURCE OF INCOME	DATE RECEIVED	AMOUNT
TOTAL MISCELLANEOUS INCOME		

I hereby certify and declare under penalty of perjury that the information contained in this statement is true, accurate, and complete to the best of my knowledge. The income detailed above represents miscellaneous income received that is not otherwise reported on standard tax documentation.

_____

RECIPIENT SIGNATURE

DATE