

STATEMENT OF SALARY AND WAGES INCOME VERIFICATION

EMPLOYER INFORMATION

Company Name:

Address:

Phone / Email:

EMPLOYEE INFORMATION

Employee Name:

Social Security No. / ID:

Job Title / Position:

EMPLOYMENT STATUS & HISTORY

Employment Start Date:

Employment Status:

- Full-Time
- Part-Time
- Temporary
- Seasonal

Probability of Continued Employment:

SALARY AND WAGE DETAILS

Pay Frequency:

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

Base Rate of Pay:

\$ _____ per _____

Overtime Rate:

\$ _____ per hour

Average Overtime Hours:

_____ per pay period

YEAR-TO-DATE (YTD) & PRIOR YEAR EARNINGS

Type

Current YTD

Prior Year Total

Base Earnings:

Overtime Earnings:

Commissions / Bonuses:

Gross Earnings:

EMPLOYER CERTIFICATION

I certify that the above information is true, accurate, and correct to the best of my knowledge based on company payroll records.

Authorized Signature:

Date:

Printed Name & Title:

The information requested on this form is confidential and is to be used solely for the purpose of verifying the employment and income of the named employee.