

NET EARNINGS VERIFICATION STATEMENT

CONFIDENTIAL FINANCIAL DOCUMENT

1. EMPLOYEE / EARNER INFORMATION

Full Name:

Employee ID / SSN:

Street Address:

City, State, Zip:

Job Title/Position:

Department:

2. EMPLOYER / VERIFIER INFORMATION

Company Name:

Contact Person:

Phone Number:

Email Address:

3. EARNINGS STATEMENT PERIOD

Pay Period Start Date:

Pay Period End Date:

4. EARNINGS & DEDUCTIONS BREAKDOWN

Description	Amount
Gross Earnings (Salary, wages, bonuses, commissions)	
Less: Federal Income Tax	
Less: State Income Tax	

Description	Amount
Less: FICA (Social Security & Medicare)	
Less: Local / Municipal Tax	
Less: Other Deductions (Health Insurance, Retirement, etc.)	
NET EARNINGS (Take-Home Pay)	

5. AUTHORIZATION & SIGNATURES

I hereby certify that the information provided in this Net Earnings Verification Statement is true, accurate, and complete to the best of my knowledge.

Employer / Authorized Signature:

Title:

Date:

Employee Signature:

Date:
