

HISTORICAL EARNINGS VERIFICATION

Statement of Prior Period Earnings

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Job Title:

Social Security No. (Last 4):

Department:

Employment Status:

EMPLOYER INFORMATION

Company Name:

Address:

Contact Person:

Phone / Email:

PRIOR PERIOD EARNINGS BREAKDOWN

Year / Period	Gross Earnings	Pre-Tax Deductions	Taxes Withheld	Other Deductions	Net Earnings
Total					

ADDITIONAL COMPENSATION DETAILS

Bonus / Commission Type	Date Paid	Amount

Bonus / Commission Type	Date Paid	Amount

I hereby certify that the historical earnings information provided in this document is a true, accurate, and complete representation of the compensation paid to the employee for the periods indicated, as recorded in the official payroll registers of the issuing organization.

Authorized Signature (Payroll/HR)

Date:

Printed Name & Title

Date:
