DECLARATION OF MISCELLANEOUS EARNINGS

DECLARANT INFORMATION

Full Name:

Tax ID / SSN:

Phone Number:

Address:

Statement Period From:

Statement Period To:

RECORD OF MISCELLANEOUS INCOME

Date	Source of Income / Payor	Description of Work/Service	Amount Received
		Total Earnings:	

SOLEMN DECLARATION

I hereby declare under penalty of perjury that the information provided in this statement regarding my miscellaneous income is true, accurate, and complete to the best of my knowledge. I acknowledge that this information may be subject to verification by the requesting authority.

Signature of Declarant

Date