OFFICIAL STATEMENT OF EARNED INCOME

Verification of Compensation and Earnings

EMPLOYEE / PAYEE INFORMATION

Full Name:

Address:

City, State, ZIP:

Social Security No. (Last 4):

Phone Number:

Position / Title:

EMPLOYER / PAYOR INFORMATION

Company Name:

Street Address:

City, State, ZIP:

Contact Person:

Phone Number:

Email Address:

EARNED INCOME STATEMENT

Pay Period Start:

Pay Period End:

Description of Earnings	Rate / Hours (If Applicable)	Amount Earned (Gross)
	Total Gross Income:	
	Total Deductions / Taxes:	
	Net Income Received:	

Payment Frequency:

Method of Payment:

CERTIFICATION AND VERIFICATION

I hereby certify and declare under penalty of perjury that the information contained in this Statement of Earned Income is true, accurate, and complete to the best of my knowledge. I authorize the verification of any information provided herein for official purposes.

Authorized Employer Representative Signature

Date

Employee / Payee Signature

Date