

# POST-TAX INCOME DECLARATION FORM

## Statement of Post-Tax Earnings

### 1. DECLARANT INFORMATION

Full Name

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Tax Identification Number / SSN

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Physical Address

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Declaration Period

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### 2. EMPLOYER / SOURCE OF INCOME INFORMATION

Company / Employer Name

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Employer Identification Number (EIN)

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### 3. EARNINGS & TAX DEDUCTIONS STATEMENT

Description	Amount
<b>Gross Earnings / Income (Pre-Tax)</b>	
Less: Federal Income Tax Withheld	
Less: State Income Tax Withheld	
Less: Local / Municipal Tax Withheld	
Less: FICA / Social Security / Medicare Deductions	
Less: Other Statutory Post-Tax Deductions	
<b>Net Post-Tax Earnings</b>	

### 4. SOLEMN DECLARATION

I hereby declare and certify under penalty of perjury that the information contained within this Post-Tax Income Declaration Form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading statements may subject me to legal penalties.

Signature of Declarant

Date