

ANNUAL ALIMONY INCOME CERTIFICATION

RECIPIENT INFORMATION (PAYEE)

FULL NAME

SOCIAL SECURITY NUMBER / TAX ID

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

PAYER INFORMATION

FULL NAME

RELATIONSHIP TO RECIPIENT

ALIMONY AGREEMENT DETAILS

DIVORCE DECREE / SEPARATION AGREEMENT DATE

COURT JURISDICTION / COUNTY & STATE

CASE / DOCKET NUMBER

PAYMENT FREQUENCY (E.G., MONTHLY, WEEKLY)

ANNUAL INCOME CERTIFICATION PERIOD

CALENDAR YEAR CERTIFIED

TOTAL ANNUAL ALIMONY AMOUNT RECEIVED

Payment Month	Amount Received (\$)
January	
February	
March	

Payment Month	Amount Received (\$)
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Certified Alimony:	

CERTIFICATION STATEMENT

I hereby certify under penalty of perjury that the information provided in this document is true, accurate, and complete to the best of my knowledge. I confirm that the alimony payments detailed above represent the total alimony income received by me for the specified calendar year. I understand that providing false or misleading information may result in legal consequences, including the revocation of any benefits or approvals contingent upon this certification.

Recipient Signature

Date