

AFTER-TAX INCOME VERIFICATION STATEMENT

Statement of Post-Tax Earnings

EMPLOYER INFORMATION

COMPANY NAME

STREET ADDRESS

PHONE NUMBER

CITY, STATE, ZIP

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

PAY PERIOD START DATE

PAY PERIOD END DATE

EARNINGS AND TAX DEDUCTIONS STATEMENT

Description	Amount
Gross Earnings (Total before taxes and deductions)	
Federal Income Tax withheld	
State Income Tax withheld	
Local / City Tax withheld	
FICA (Social Security & Medicare)	
Other Statutory Deductions (Pre-tax)	
Total Tax & Pre-Tax Deductions	
Net Post-Tax Earnings (Take-Home Pay)	

VERIFICATION AND AUTHORIZATION

I hereby certify that the above-listed information represents a true and accurate record of gross earnings, tax withholdings, and net post-tax income paid to the employee for the specified period.

Authorized Representative Signature

TITLE

DATE

Employee Signature (Optional Acknowledgement)

PRINT NAME

DATE
