



**Income Release**

Name of Employee: \_\_\_\_\_ Soc Sec. # \_\_\_\_\_

I authorize and request release of information regarding verification of my **GROSS** pay for the past six (6) weeks.

Address \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* Alterations, erasures, cross outs or white outs made to this form WILL NOT BE ACCEPTED\*\*\*\*\***

**To be completed by Employer/Authorized Representative**

Date of Hire: \_\_\_\_\_

If Terminated, Indicate Termination Date \_\_\_/\_\_\_/\_\_\_ Date/Gross amount of final Check \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

Day of week paycheck is received (circle one):    Mon    Tue    Wed    Thu    Fri    Sat    Sun

Paid how often (circle one):                      Weekly                      Bi-weekly                      Other \_\_\_\_\_

Does Employee Receive Commissions (circle one)?    Yes    No

Does Employee Receive TIPS (circle one)?                      Yes    No

Will Employee Receive a W2 or 1099 at the end of the year (Circle one)?    W2    1099

Time Period:    From \_\_\_\_\_ To \_\_\_\_\_

<u>Actual Check Date</u>	<b>Gross Pay</b> (Not Net Amount)	<b>Child Support Paid</b> (If applicable)	<b>**Tips</b> (If applicable)	<b>Year to Date Total</b>
1.				
2.				
3.				
4.				
5.				
6.				

Company Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_\_\_\_  
Authorized Personnel Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Personnel Please Print Name Clearly

\_\_\_\_\_  
E-mail Address