



INCOME RELEASE

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

Employee Name: _____ SSN: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employee Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Alterations, cross outs or white outs made to this form will not be accepted.

Hire Date: _____

If terminated, indicate date: _____ Final check date: _____ Gross amount: \$ _____

Day paycheck is received: Mon Tues Wed Thu Fri Sat Sun

Paid schedule: Weekly Bi-weekly Other Employee receive commission: Yes / No Tips: Yes / No

Which will employee receive at end of year: W2 1099

Time Period: _____ Start Date: _____ End Date: _____

CHECK DATE	GROSS PAY	CHILD SUPPORT PAID	TIPS	Y-T-D TOTAL
1	\$	\$	\$	
2	\$	\$	\$	
3	\$	\$	\$	
4	\$	\$	\$	
5	\$	\$	\$	
6	\$	\$	\$	

Company Name: _____

Telephone: _____

Authorized Personnel Signature

Title: _____

Authorized Personnel Print

E-mail: _____