



## 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
<b>1</b>	\$	\$	\$	
<b>2</b>	\$	\$	\$	
<b>3</b>	\$	\$	\$	
<b>4</b>	\$	\$	\$	
<b>5</b>	\$	\$	\$	
<b>6</b>	\$	\$	\$	

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

Telephone: \_\_\_\_\_

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

Title: \_\_\_\_\_

\_\_\_\_\_  
*Authorized Personnel Print*

E-mail: \_\_\_\_\_