Statement of Earnings

**(To be completed only by employer if applicable)**

This statement is to confirm that received the following amount of

  **(Name of Employee)**

gross income before deductions for taxes, social security insurance, etc. $ .

 ( ) weekly

 ( ) every two weeks

 ( ) twice a month

 ( ) monthly

 ( ) other

Please state the date of the paycheck listed above .

Signature of Employer Date

Name of Company/Employer

Address of Employment Zip Code

City of Employment

Telephone Number