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