

[Company Name]

[Company Address]

[City, State, ZIP Code]

[Phone Number]

Date: _____

To Whom It May Concern,

Subject: Employment Income Verification for [Employee Name]

This letter is to verify the employment and income of **[Employee Name]**.

Position: _____

Employment Status: _____

Start Date: _____

Current Salary/Wage: _____

Pay Frequency (e.g., weekly, bi-weekly, monthly): _____

Average Hours Worked Per Week: _____

Other Compensation (if any): _____

If you require further information, please feel free to contact us.

Authorized Company Representative

Name: _____

Title: _____

Contact Information: _____

[Company Seal or Official Stamp, if applicable]