

# Employee Income Verification Statement

## Employee Information

Employee Name: \_\_\_\_\_

Employee ID/Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

## Income Details

Employment Status (Full/Part Time): \_\_\_\_\_

Annual Salary / Hourly Wage: \_\_\_\_\_

Average Weekly Hours Worked: \_\_\_\_\_

Pay Frequency (e.g., weekly, monthly): \_\_\_\_\_

Additional Compensation (Bonuses, Allowances): \_\_\_\_\_

## Employer Information

Employer Name: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby confirm that the information provided above is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date