

Employer: _____ Re: Name _____
Employer: _____ Social Security No. _____
Support Action No. _____

EARNINGS REPORT

To the Employer:

Furnish earnings information for the above-named employee for each pay period during the last six months. It is preferred that you attach a photocopy of your records containing the earnings information requested. Attach a copy of the employee's most recent W-2 Form.

Payroll Number: _____

Nature of Employment: _____

Payroll Period

Ending	_____	_____	_____	_____	_____	_____	_____	_____	_____
Date of Pay	_____	_____	_____	_____	_____	_____	_____	_____	_____
Gross Pay	_____	_____	_____	_____	_____	_____	_____	_____	_____
Deductions	_____	_____	_____	_____	_____	_____	_____	_____	_____
Fed. Withholding	_____	_____	_____	_____	_____	_____	_____	_____	_____
Social Security	_____	_____	_____	_____	_____	_____	_____	_____	_____
Local Wage Tax	_____	_____	_____	_____	_____	_____	_____	_____	_____
State Income Tax	_____	_____	_____	_____	_____	_____	_____	_____	_____
Retirement	_____	_____	_____	_____	_____	_____	_____	_____	_____
Savings Bonds	_____	_____	_____	_____	_____	_____	_____	_____	_____
Credit Union	_____	_____	_____	_____	_____	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____
Health Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Net Pay	_____	_____	_____	_____	_____	_____	_____	_____	_____
Hours Worked	_____	_____	_____	_____	_____	_____	_____	_____	_____

I verify that the statements made in this Earnings Report are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____ Signed by: _____
Position: _____