

# THE HOUSEHOLD MAY HAVE THIS LETTER COMPLETED BY THE EMPLOYER

## STATEMENT OF EARNINGS

This statement is to confirm that \_\_\_\_\_ received the  
(write employee's name here)

following amount of gross income **before** deduction for taxes, social security insurance,

etc. \$\_\_\_\_\_. This income is received: ( ) weekly

( ) every two weeks

( ) twice a month

( ) monthly

( ) other: \_\_\_\_\_

Please state the date of the pay listed above \_\_\_\_\_.

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Signature of Employer

Date

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Address

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Telephone Number

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.