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 www.carecc.org

"We BELIEVE NO ONE SHOULD BE HUNGRY"

501c3 EIN 462973383

EARNINGS VERIFICATION

The information provided on this form for the listed employee is used for the purpose of determining eligibility for services. All information is kept confidential.

Employee: _____ DOB: _____

Employee SSN/ITIN: _____ Phone: _____

1. Employee earns \$ _____ per hour and works _____ hours per week.
2. Employee is paid: _____ Weekly _____ Bi-weekly (2weeks) _____ Monthly
3. Reported on _____ W-2 _____ 1099 _____ CASH
4. Please list the **GROSS EARNINGS** (before deductions) paid to this employee for the last 90 days.

Pay Period Ending (MM/DD/YYYY)	Hours Worked	Gross Wage

Supervisor Name: _____ Phone: _____

Company Name: _____ Address: _____

Employee Signature: _____ Date: _____