



Sharing & Caring
OF BENTON COUNTY

Verification of Earnings

Applicants: This form must be completed by the employer of each person in the household that is paid in cash.

To Employer:

For Sharing & Caring of Benton County to determine eligibility for the below-referenced employee to receive Christmas assistance, we need you to verify the information below. This ensures that our sponsorship dollars are used only to benefit families that financially qualify for assistance. We appreciate your cooperation.

PLEASE PROVIDE YOUR **EMPLOYEE'S INFORMATION, YOUR INFORMATION AND SIGNATURE, AND YOUR COMPANY'S STAMP BELOW. REQUIRED: STAMP OF COMPANY LOGO OR COMPANY RETURN ADDRESS. IF YOU DO NOT HAVE A STAMP, PLEASE ATTACH A SEPARATE PAPER WITH YOUR LETTERHEAD TO VERIFY COMPANY INFORMATION.**

Employee's Name (must match photo ID)

Employee's Address

SSN/ITIN/Country ID # of Employee

Employee's Telephone Number

The above employee earns \$_____ per hour. He/She works an average of _____ hours per week.

1. Check the forms employee received for 2020: W-2 1099 N/A
2. He/She is paid: Weekly Bi-weekly (every 2 weeks) Monthly
3. Please provide **GROSS EARNINGS** (before deductions) paid to this employee.

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

Employer Signature

Date (MM/DD/YYYY)

Telephone Number

Company Name

Address