

**STATEMENT TO THE ILLINOIS DEPARTMENT OF PUBLIC AID OF
MILITARY RESERVIST/GUARDSMAN SERVICE AND MILITARY INCOME**

Calculation of net pay for • Reservist/ • Guardsman _____ (Rate/Rank & Full Name of Military Member), ____ - ____ - ____ (SSN), as of _____ (first day of active duty military orders).

1. Monthly Gross Base Pay: \$ _____

2. Other Taxable Pay: _____ \$
 _____ \$
 (List name of _____ \$
 pay and monthly _____ \$
 amount) _____ \$

3. Non-Taxable Pays and Allowances (Monthly): BAH \$ _____
 BAH/differential \$ _____
 BAH/dependants \$ _____
 (List name of _____ \$
 pay and monthly _____ \$
 amount) BAS \$ _____

4. Number of Withholding Allowances: _____

4. Deductions (Monthly): Federal Tax \$ _____
 FICA \$ _____
 Medicare \$ _____
 State Tax \$ _____

5. NET Monthly Income: \$ _____

VERIFICATION

I, _____ (print name), _____ (position/title), am employed by the following service: _____ (list service).

I verify that I have listed the known monthly Base Pay, Allowances and Special Pays for the above named individual as of the first day of the member's active duty military activation. This statement is made based upon my personal knowledge.

I am an individual over the age of 18 and am competent to testify. If called to testify that I would testify as set forth in this Statement of Service and Military Income.

 Signature
 (____) ____ - ____
 Day Time Phone

 Date