

Letter to Verify Income

This statement is to confirm that _____ is employed at
Name of Employee

Name of Employer

_____ received a gross income (before deductions for
Name of Employee
taxes, social security, insurance, etc.) of \$ _____ on ____/____/____.
Date

The frequency of payment is:

☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Annually

Signature of Employer _____ **Title** _____ **Date**

Address _____ **State** _____ **Zip Code** _____
(____) _____
Telephone Number