



# Employer Income Verification Statement

Form for wage/salary earners.

## To be completed by the employer and verified by the employee

I confirm that: (name of employee)

.....

Of (address of employee).....

..... Postcode .....

Is employed by (name of company/business).....

Address of company.....

..... Postcode.....

Telephone number of company/business ..... Commencement date ...../...../.....

Average gross weekly income from ..... to ..... (last pay period - minimum of 3 months)

### Summary of Average Gross Weekly Income

\$ ..... Base Gross Income

\$ ..... Overtime Payments

\$ ..... Salary Sacrificed Agreements (Including Superannuation)

\$ ..... Other Income (Eg Commissions, Bonuses, Allowances etc)

Total Gross Weekly Income \$ .....

Name of Authorised Person ..... Position in Company/Business .....

Signature ..... Company Seal of Stamp .....

ABN ..... Date .....

I (name of employee) ..... confirm the information provided by my employer is correct

Signature ..... Date .....

PLEASE COMPLETE ALL SECTIONS