



CHILD CARE PAYMENT PROGRAM
WAGE VERIFICATION FORM

The following individual is an applicant for child care subsidy. His/her signature below authorizes the release of wage information requested on this form and the release of information regarding his/her employment. His/Her signature below releases the company (employer) from any liability for any damage resulting from disclosure of this information.

Employee Name

Employee Signature

Date

SECTION A: EMPLOYEE TYPE

Select the type that applies to the above listed individual's employment status.

- NEWLY HIRED EMPLOYEE: Has been employed for less than 30 days. Anticipated Work Hours:
ONGOING EMPLOYEE: Has received payment for at least 30 days of employment.
SELF EMPLOYED: Business is less than 12 months old. Complete Sections A & C only. Must also submit a copy of the business license.
SELF EMPLOYED ONGOING: Business has filed at least one Federal Income Tax Return. Complete Sections A&C only. Must also submit the most recent Estimated Tax Report or Schedule C from the 1040 Federal Tax Form.

Date Hired/Started Business if Self Employed: Start Date:

Type of Job:

Wage Calculation: Hourly Weekly Monthly Wage/Rate of Pay: /hr/wk/mo (circle one)

Method of Payment: Cash Direct Deposit Company Check Personal Check\*

\*If paid by personal check, you must submit copies of the last two cancelled paychecks.

Pay Frequency: Daily Weekly Two Times a Month Every Two Weeks Monthly

Is employee eligible for any of the following? (check all that apply):

- Tips Bonuses Commission Overtime Other pay above regular earnings

**SECTION B: WAGE VERIFICATION**

If paid weekly, fill out rows 1-4 below. If paid twice a month or every two weeks, fill out rows 1-2 below. If paid monthly, fill out row 1 below. If paid daily, fill out rows 1-4 and attach an additional page to reflect a month's worth of payment.

Date Pay Period Ended	Date Employee Received Payment	Actual Hours Worked	Gross Pay	Other Pay Type (tips, commission, etc.)	Other Pay Amount

**SECTION C: SUBMISSION**

\_\_\_\_\_  
Signature of Person Completing the Form

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number