

# WAGE VERIFICATION FORM

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

## Employee Information:

Full Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

## Employment Details:

Job Title / Position: \_\_\_\_\_

Employment Status (Full-time/Part-time/Temporary): \_\_\_\_\_

Date Employment Began: \_\_\_\_\_

Date Employment Ended (if applicable): \_\_\_\_\_

## Wage Information:

Hourly Rate / Salary: \_\_\_\_\_ USD

Pay Frequency (Weekly/Bi-Weekly/Monthly): \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_

## Additional Compensation or Bonuses (if any):

\_\_\_\_\_

## Verification Statement:

I hereby certify that the above wage information is true and accurate to the best of my knowledge. I understand that providing false information may result in legal penalties and affect the eligibility of the employee for benefits or employment verification purposes.

## Authorized Employer Representative:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

## Employer Contact for Verification:

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

This Wage Verification Form is prepared in compliance with applicable United States federal and state laws. The employer affirms that all wage information is accurate and verifiable. This form shall serve as a legal document for employment and income verification purposes. Any intentional misrepresentation of information may subject the employer and employee to civil or criminal penalties as provided by law.

**EMPLOYER REPRESENTATIVE SIGNATURE**

**EMPLOYEE SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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