

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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### INCOME SUMMARY 2011

TYPE OF INCOME (e.g., wages):	PAYER:
INCOME RECEIVED BY (NAME AND A/N):	TAKEN FROM (e.g., pay stubs):

#### JANUARY 2011

S	M	T	W	TH	F	S	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
						1	\$ _____	_____	_____	_____
2	3	4	5	6	7	8	_____	_____	_____	_____
9	10	11	12	13	14	15	_____	_____	_____	_____
16	17	18	19	20	21	22	_____	_____	_____	_____
23	24	25	26	27	28	29	_____	_____	_____	_____
30	31						_____	_____	_____	_____
<b>MONTHLY TOTALS:</b>							\$ _____	_____	_____	_____
<b>YEAR-TO-DATE TOTAL:</b>								\$ _____	_____	_____

#### FEBRUARY 2011

S	M	T	W	TH	F	S	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
		1	2	3	4	5	\$ _____	_____	_____	_____
6	7	8	9	10	11	12	_____	_____	_____	_____
13	14	15	16	17	18	19	_____	_____	_____	_____
20	21	22	23	24	25	26	_____	_____	_____	_____
27	28						_____	_____	_____	_____
<b>MONTHLY TOTALS:</b>							\$ _____	_____	_____	_____
<b>YEAR-TO-DATE TOTAL:</b>								\$ _____	_____	_____

#### MARCH 2011

S	M	T	W	TH	F	S	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
		1	2	3	4	5	\$ _____	_____	_____	_____
6	7	8	9	10	11	12	_____	_____	_____	_____
13	14	15	16	17	18	19	_____	_____	_____	_____
20	21	22	23	24	25	26	_____	_____	_____	_____
27	28	29	30	31			_____	_____	_____	_____
<b>MONTHLY TOTALS:</b>							\$ _____	_____	_____	_____
<b>YEAR-TO-DATE TOTAL:</b>								\$ _____	_____	_____

#### APRIL 2011

S	M	T	W	TH	F	S	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
					1	2	\$ _____	_____	_____	_____
3	4	5	6	7	8	9	_____	_____	_____	_____
10	11	12	13	14	15	16	_____	_____	_____	_____
17	18	19	20	21	22	23	_____	_____	_____	_____
24	25	26	27	28	29	30	_____	_____	_____	_____
<b>MONTHLY TOTALS:</b>							\$ _____	_____	_____	_____
<b>YEAR-TO-DATE TOTAL:</b>								\$ _____	_____	_____

<b>Social Security Certification:</b> I have personally examined the documents submitted and certify by my signature below, their contents. All the entries (except monthly totals) are exact excerpts from those documents.	
Signature:	Date: