

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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PERIODIC REPORTING INCOME SUMMARY 2006

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

SEPTEMBER 2006

<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>	<u>S</u>	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	_____	_____	_____	_____
MONTHLY TOTALS:							\$ _____	_____	_____	_____
YEAR-TO-DATE TOTAL:								\$ _____		
Social Security Certification: 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: _____			

OCTOBER 2006

<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>	<u>S</u>	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					_____	_____	_____	_____
MONTHLY TOTALS:							\$ _____	_____	_____	_____
YEAR-TO-DATE TOTAL:								\$ _____		
Social Security Certification: 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: _____			

NOVEMBER 2006

<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>	<u>S</u>	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			_____	_____	_____	_____
MONTHLY TOTALS:							\$ _____	_____	_____	_____
YEAR-TO-DATE TOTAL:								\$ _____		
Social Security Certification: 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: _____			

DECEMBER 2006

<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>	<u>S</u>	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							_____	_____	_____	_____
MONTHLY TOTALS:							\$ _____	_____	_____	_____
YEAR-TO-DATE TOTAL:								\$ _____		
Social Security Certification: 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: _____			