

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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PERIODIC REPORTING INCOME SUMMARY 2008

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

MAY 2008

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	_____	_____	_____	_____
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: _____			

JUNE 2008

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						_____	_____	_____	_____
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: _____			

JULY 2008

S	M	T	W	TH	F	S	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
			1	2	3	4	\$ _____	_____	_____	_____
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: _____			

AUGUST 2008

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							_____	_____	_____	_____
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: _____			