ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:

PERIODIC REPORTING INCOME SUMMARY 2013

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

JANUARY 2013

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
S M T W TH F S				
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: _____

FEBRUARY 2013

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
S M T W TH F S				
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	_____	_____	_____	_____
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: _____

MARCH 2013

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
S M T W TH F S				
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""4; ""52	_____	_____	_____	_____
""""53"	_____	_____	_____	_____
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: _____

APRIL 2013

	GROSS WAGES	CAFETERIA PLAN DED.	CHILD SUPPORT	OTHER
S M T W TH F S				
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: _____