

ACCOUNT NUMBER	ELIGIBLE INDIVIDUAL:
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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):

MAY 2013

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 2013

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 2013

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: _____			

AUGUST 2013

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: _____			