

Sample of Verification of Employment and Wages

Form DCC-90D Verification of Employment and Wages may be used to collect data needed to confirm the applicant's income for determination of eligibility for the Child Care Assistance Program.

The DCC-90D Verification of Employment and Wages is used for collection of information that will be entered into KICCS. An applicant/active client's employer completes the form and verifies the income data by his/her signature.

Please provide the following information from your records for Jane Doe (Employee Name) (SSN)_____

- 1. Employee Name and/or SSN (if different) _____
2. Is this person currently employed by you? XYes []No
3. Date of most recent hiring 6/1/11 Date first paid 7/1/11
4. Hourly Pay Rate \$10.50 Overtime Rate N/A Anticipated Hours per Week 30 Day of Week Paid Fridays Shift Premium
5. Is the employee's share of taxes deducted from gross wages? XYes []No
6. Is the employee's hourly Pay Rate scheduled to change? XYes [] No If yes, the Pay Rate will change to \$12.00 beginning on 9/2/14 and will be reflected in the check the employee will receive on 9/16/14.
7. Are wages paid []weekly, X every two weeks, [] twice a month, [] monthly, [] other
8. List the wages that have been paid during the months of through

Table with 12 columns: Date Received, Hours, Gross Wages, *Tips, **Earned Income Credit (EIC), Taxes Withheld, Date Received, Hours, Gross Wages, *Tips, **Earned Income Credit (EIC), Taxes Withheld. Rows 1-4 contain data for dates 7/1/14, 7/15/14, 7/29/14, 8/12/14.

*Report separately if not included in gross wages. **Report the amount of the EIC payment SEPARATELY. Do not include EIC in gross wages.

Current Employment Status: []Fired []Quit []Leave []Other Date

Reason for loss of employment

If Leave, date of expected return Date of last check

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.

I certify that the information contained in this form is true and correct to the best of my knowledge.

Employer/Business Name The Company

Please list name, address and telephone number of the company through which payroll is issued, if different.

Name Nancy Smith Phone (859)000-0000

Address 123 Main Street City Lexington State KY Zip 40511

Signature Nancy Smith Title Supervisor

Date 8/11/14

Print Name Phone ()

Address City State Zip