

Quarterly Wage Verification

Employee Name _____ SSN: _____

Please list the **gross** amount of wages **actually received** by the employee named above, and the dates the wages were paid. If tips or commissions are included in the gross wages, please list each type of pay separately. If it is more convenient for you to provide this information in another format, please feel free to do so. Please return the information directly to the employee. Thank you for your cooperation.

Month 1:

Pay Period End Dates	Dates Paid	Gross Wages	Tips or Commissions
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Month 2:

Pay Period End Dates	Dates Paid	Gross Wages	Tips or Commissions
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Month 3:

Pay Period End Dates	Dates Paid	Gross Wages	Tips or Commissions
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Is this employee covered by your health insurance plan? No. Yes. If yes, please enter the following:

Is this coverage for: Individual Couple Family? Insurance Co. _____

Group Number _____ Policy Number _____ Effective Date _____

Signature of the Person Completing This Form

Business Name

Printed Name & Title of the Person Completing This Form

Address

Telephone

Date

EIN: _____

Employee instructions are on the other side.

Employee Instructions

When you return your Quarterly Report Form to the Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301, you can verify the earned income you listed by having this form filled out, or by sending in your actual pay stubs or pay envelopes. If you use this form to verify earned income, it must be filled out by your employer. If you use this form to verify earned income of another household member, it must be filled out by that person's employer.

If you need more copies of this form, you can get them from your District Office.

Before you give this form to an employer, be sure to:

1. Fill in the "Employee Name" and the employee's "Social Security Number" at the top of the form.
2. Enter each month you are required to report. The months entered **must** be the same months that are listed on the address sheet that came with your Quarterly Report Form. For example, if the address sheet says "Month 1: May 1990" you would write "May 1990" where it says "**Month 1:** _____" on the front of this form. Be sure to enter all three months.

If the employer fills out this form, be sure to mail it to the Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301 with your Quarterly Report Form. You must include verification of all household earnings and child care costs with your report form, or your medical assistance could end.

If you or the employer have any questions, call 1-800-852-3345 ext. 9700 for assistance.