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Vermont Department for Children and Families
Economic Services Division

Income Verification

Name of earner _____ Social security number _____

Case name _____ Case number _____ Worker _____

Date paid (Date paycheck actually received)	Number of hours worked	Gross wages	Tips, bonus, commissions	Earned income credit payments

Employment date _____ Termination date _____

Signature _____ Phone number _____

Title _____ Date _____

Name of company _____ Employer number _____

Address _____