
Name of Employer/Company Name

Address

City

State

Zip

Telephone Number

e-mail

Today's Date:

To whom it may concern:

I certify that _____ (Name of person receiving income or employee) is an employee of _____ (company name).
_____(Employee's name) gross income for this pay period is \$_____ and frequency of pay is (once a week, twice monthly, every two weeks, once a month). This letter does not guarantee employment or wages.

I certify that the information presented in this letter is true and correct.

Sincerely,

Signature

Print Name

Job Title or Position

11/05/2012