

INSTRUCTIONS FOR FORM 2074-EG (11/08), "EARNINGS VERIFICATION"  
2074-EG/B (5/94), "EMPLOYER PAYROLL STATEMENT"

PURPOSE

To obtain verification of earnings/medical insurance/employment status and for use by IV-D Unit to verify absent parent's income.

GENERAL INSTRUCTIONS

Form is to be used only for known employers of the individual and must be signed by the worker. Mail the White copy to the employer. Retain the Canary copy in the casefile only until the White (original) has been returned.

SPECIAL INSTRUCTIONS

1. Enter the date form is being sent, case number and worker's name.
2. Obtain client's signature and date of signature, whenever possible.
3. Insert address of the employer in the box provided for mailing.
4. Insert full name of individual employee and their Social Security Number.
5. Check only those boxes which pertain to the particular case, specifying for which months (if applicable) information is needed.

Distribution: WHITE - Employer  
CANARY - Suspense

(Instr)