



STEVE SISOLAK  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS  
Director

STEVE H. FISHER  
Administrator

TANF       MEDICAID       SNAP

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_



### EMPLOYER PAYROLL STATEMENT

Please list below all monies (earnings, sick pay, vacation pay, disability, etc.) PAID OR ANTICIPATED TO BE PAID (regardless of when earned) to client **OR** provide a printout of wages for same period IN:

For: (Month/Year) \_\_\_\_\_

For: (Month/Year) \_\_\_\_\_

Pay Period Ending	Date Pay Received	No. of Hours Worked	Gross	Tips (Not Included in Gross)

Pay Period Ending	Date Pay Received	No. of Hours Worked	Gross	Tips (Not Included in Gross)

For: (Month/Year) \_\_\_\_\_

For: (Month/Year) \_\_\_\_\_

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For: (Month/Year) \_\_\_\_\_

For: (Month/Year) \_\_\_\_\_

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Pay Period Ending	Date Pay Received	No. of Hours Worked	Gross	Tips (Not Included in Gross)

Signature

Print Name

Title

Date

Telephone Number

