

<p>STATE OF NORTH CAROLINA</p> <p><input type="checkbox"/> Wayne County <input type="checkbox"/> Lenoir County <input type="checkbox"/> GreeneCounty</p>	<p>In The General Court Of Justice District Court Division Family Court</p>
<p>Plaintiff:</p>	<p>File No. </p>
<p>VERSUS</p>	<p>EMPLOYER WAGE AFFIDAVIT</p>
<p>Defendant:</p>	

TO: The employer of _____ . In order to verify the income of the above named employee, you are requested to furnish the information on this form for use in a court proceeding involving your employee. By your verifying this information, you may avoid having to appear in Court and testify as to the earnings of your employee.

1. Current **gross monthly** income:

Please compute gross monthly income using the following formulae:
 (if pay period is weekly, multiply weekly gross income by 4.3)
 (if pay period is every other week, multiply the gross income by 2.15)
 (if pay period is twice monthly, multiply the gross income by 2)

(Gross Monthly Income)

2. Does the above gross income include income from overtime or bonuses?

No Yes (if yes, specify the total amount and the average monthly amount.)

Explanation: _____

Overtime: _____

Avg. per mth: _____

Bonuses: _____

Avg. per mth: _____

3. What is employee's current rate of pay? _____ per _____

4. Total income for last calendar year. Gross: _____
Net: _____

5. Does the employee receive any benefits other than salary: (for example: use of a car or cell phone, etc.) No Yes (if yes, explain)

6. Is the employee paid on commission?

No Yes (if yes specify monthly gross pay)

(Average monthly gross from commissions)

7. How often is the employee paid? _____
 Number of hours working per day? _____
 Number of days working per week? _____

8. What are the employee's deductions from gross pay per pay period?

A. State: _____

B. Federal: _____

C. FICA: _____

D. Medical Insurance: _____

9. A. If there is a deduction for medical insurance, how much of the medical insurance premium is allocated for coverage of children? _____ per _____

- B. Does the medical insurance include dental and/or other coverage?
 No Yes (If yes, what health care services are covered)? _____

- C. What are the terms of the deductible payments required under the medical coverage provided? _____

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- 10. How many exemptions are claimed? _____
- 11. When is the last date the employee was paid? _____
- 12. What pay increase, if any, has the employee received in the past twelve (12) months? _____
- 13. What is the nature of the employee's work? _____
- 14. What date did the employee start working for you? _____
- 15. How long has the employee worked for you? _____ (weeks, months, years). **Attach the employee's W-2 Forms** for the time that he/she has worked for you up to and including the past three (3) years.
- 16. Is there any other information, concerning your employee's earnings, which you feel would be helpful to the Court

AFFIDAVIT

The undersigned, after having been duly sworn, deposes and says:

- 1. I am the Personnel Officer, or the person in charge of the payroll records of (name company)
- 2. That _____ (Name of Plaintiff or Defendant) is an employee of the company named above.
- 3. That the information provided on this form concerning the earnings, deductions, company benefits, length of employment, and other information requested are true and accurate to the best of my knowledge, information, and belief.
- 4. That I have attached employee's W-2 Forms as requested in Number 15 above.

Date	Signature Of Affiant	Title
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SWORN AND SUBSCRIBED BEFORE ME THIS DATE

Notary Public

My Commission Expires

(Seal)