

INCOME VERIFICATION LETTER

To Whom It May Concern:

This letter is to verify the income of the individual named below, in accordance with United States federal and state laws. The information provided herein is accurate and complete to the best of the undersigned's knowledge and is provided for the explicit purpose of income verification.

Employee Information:

Full Name: _____
Social Security Number (Last 4 digits): _____
Address: _____
Phone / Email: _____

Employer Information:

Company Name: _____
Employer Identification Number (EIN): _____
Address: _____
Phone: _____

Income Details:

Job Title / Position: _____
Employment Status (e.g., full-time, part-time, contract): _____
Base Salary/Hourly Rate: _____ USD
Bonus/Commission (if applicable): _____ USD
Additional Income Sources: _____

Period of Employment:

Start Date: _____ Current Status: _____

Verification Statement:

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. This verification is issued for the purpose of confirming the income of the employee named above and may be relied upon by authorized entities for lawful purposes only.

Authorized Signatory:

Name: _____
Title/Position: _____
Contact Phone: _____
Signature: _____ Date: _____

Privacy and Legal Notice:

This letter contains confidential information intended solely for the use of the individual or entity to whom it is addressed. Any unauthorized review, use, disclosure, or distribution is prohibited by law. The issuer complies with all applicable federal and state laws, including privacy and data protection laws. This verification is subject to all applicable limitations and conditions under U.S. law.

AUTHORIZED SIGNATURE

OFFICIAL COMPANY SEAL

Signature: _____

Seal: _____

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