820 Grimes Boulevard • Lexington, NC 27292 • 336.249.6688 • Fax: 336.249.6687 • www.partnershipforchildren.org

Frequency-of-Employment-Bonuses-Received Form

Dear Parent/Guardian,

FOR SSDC OFFICE USE ONLY:

Verified by: _____

Date: _____

- Please review the paystubs **that you are <u>about to submit</u>** to us.
- Did you receive any bonuses **on these <u>PARTICULAR</u> paystubs?**
- If so, **below** please note the **pay date and amount** of any bonus received.
- Then, ask **your employer** to complete this form and return it to SSDC.
- We need this information because bonus frequency affects how we calculate your income.

Employee Name: _____

1. Pay Date: _____ Gross Bonus Amount Received: $_____

How often is the employee above **<u>eligible to receive</u>** this bonus? (Please circle one below.)

Potentially Each Pay Period (although not guaranteed) **Monthly** **Quarterly** **Twice/Year** **Once/Year** **One-Time Bonus**

2. Pay Date: _____ Gross Bonus Amount Received: $_____

How often is the employee above **<u>eligible to receive</u>** this bonus? (Please circle one below.)

Potentially Each Pay Period (although not guaranteed) **Monthly** **Quarterly** **Twice/Year** **Once/Year** **One-Time Bonus**

3. Pay Date: _____ Gross Bonus Amount Received: $_____

How often is the employee above **<u>eligible to receive</u>** this bonus? (Please circle one below.)

Potentially Each Pay Period (although not guaranteed) **Monthly** **Quarterly** **Twice/Year** **Once/Year** **One-Time Bonus**

Name of the Company/Employer: _____

Company/Employer Address: _____City: _____ Zip Code: _____

Phone#: _____ Fax#_____ Contact Email:_____

Employer's Printed Name: _____ Title: _____

Employer's Signature:_____ Date:_____