

NORTH CAROLINA
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____

Assigned Judge: _____

_____, Plaintiff, v. _____, Defendant.
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AFFIDAVIT
(Employer Wage Affidavit)

I, _____, (*please print name*), being duly sworn, deposes and says:

1. That I am employee of _____ (*name of company*) located at _____ (*full address*), and that I have personal knowledge of the record keeping activities of my employer;
2. That _____, the Plaintiff, or Defendant in the above entitled action, is an employee of said company;
3. That the information and/or records attached hereto of Plaintiff's, or Defendant's earnings, deductions, company benefits, and length of employment are true and correct to the best of affiant's information and belief, and that the attached information and/or records are kept in the regular course of business of my employer; and
4. That my work telephone number is _____.

This the ____ day of _____, 20____.

Signature of Affiant

Name and Title of Affiant

STATE OF NORTH CAROLINA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this day by _____ (I have personal knowledge of the identity of the principal(s)) or (I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a _____) or (A credible witness has sworn to the identity of the principal(s)).

This the ____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Information Sheet

Notice to Employer: Please fill out completely and return as instructed in the subpoena.

EMPLOYER NAME/ADDRESS _____

EMPLOYEE INFORMATION

- Full name of employee: _____
Address: _____
SSN (last 4 digits): _____ Date of Birth: _____ No. of exemptions claimed: _____
- Date employed: _____ Current/Last Job Title: _____
Date employment ended if employee no longer employed by you: _____
Current/last rate of pay: \$ _____ per _____ (state period)
Average number of hours worked per week: _____
How often paid (check one): Weekly Bi-weekly Monthly Semi-monthly
 Other: _____
Date last paid: _____
- Total earnings last calendar year (including bonuses): Gross \$ _____ Net: \$ _____
- Total earnings this calendar year (including bonuses) through the date employee was last paid:
Gross \$ _____ Net: \$ _____
- Identify any pay increase the employee received in the last 12 months: \$ _____ per _____

Complete the Information below for the last four Pay Periods

Date Paid	Gross Wages	Bonus/ Commission	Federal Tax	State Tax	FICA	Retirement	Net Wages

MEDICAL INSURANCE INFORMATION

- Available for children as of _____ (Date) Not Available for children
 Total cost to employee: \$ _____ Cost to employee for children: \$ _____
 Individuals currently covered: _____

DENTAL AND VISION INSURANCE INFORMATION

- Available for children as of _____ (Date) Not Available for children
 Total cost to employee: \$ _____ Cost to employee for children: \$ _____
 Individuals currently covered: _____

AMOUNTS PER PAY PERIOD PAID BY EMPLOYER ON EMPLOYEE'S BEHALF FOR:

- a. Medical Insurance: \$ _____
- b. Disability Insurance: \$ _____
- c. Dues: \$ _____
- d. Retirement: \$ _____
- e. Reimbursed expenses: \$ _____

- Identify and value other benefits of employment provided to employee (e.g, cell phone, car, etc):

Completed by: _____ **Title:** _____ **Date:** _____