

**CHILD CARE DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM
TIPPED EMPLOYEE WORKSHEET (v7-16-12)**

Check Date: _____ Client Name: _____

The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Additional Self Declared Tips		YES	\$
TOTALS		(Internal Use Only) Total Marked YES	\$
To determine gross wages, record the greater of Amount Marked as Gross or Total Hours x Minimum Wage		(Internal Use ONLY) Minimum Wage Calculation Total Hours X Minimum Wage = \$	

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By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand my employer may be asked to provide additional information supporting my declarations above and provide my consent for wage verification.

Applicant/Co-Applicant Signature _____ Date: _____

Employer Name: _____ Phone: _____

NOTE: Copies of your pay stubs *must* be included with this form.