



Vendor Income Verification Request

Please print clearly.

Vendor or Company Name: _____

Your Name: _____

Phone Number: _____

Taxpayer Identification Number (TIN): _____

Why do you need this request? _____

Check information needed: Termination Date Wage History
 Start Date Other: _____

Specify date range for request (Example: Jan 2019 – Jan 2020): _____

Select delivery type:

Mail to (include mailing address): _____

Fax to* (include fax number): _____

* Wage histories cannot be faxed.

Email to (include email address): _____

By signing below, I acknowledge that my Income Verification Request will be processed within 48 hours. The request will be delivered as specified above.

Vendor Signature: _____ Date: _____