RESET FIELDS

REQUEST FOR EMPLOYMENT/EARNINGS INFORMATION

CO	RECORD	DIST	CASE LOAD

DATE OF DISCOVERY	DATE OF NOTICE

WORKER NAME

TELEPHONE NUMBER	FAX NUMBER

PLEASE FAX OR RETURN TO ADDRESS SHOWN BELOW

DAUPHIN CAO
2432 NORTH 7TH STREET
PO BOX 5959
HARRISBURG, PA 17110-0959
(717) 787-2324

IMPORTANT

62 PS 487 (B) REQUIRES, **UNDER PENALTY OF LAW,*** THAT YOU COMPLETE THIS FORM UPON REQUEST AND RETURN IT **WITHIN 30 DAYS TO THE ADDRESS ABOVE.** EVERY EMPLOYER IS REQUIRED, WHEN REQUESTED IN WRITING FROM THE DEPARTMENT, TO DISCLOSE ANY MONEY IN SALARY, WAGES, COMPENSATION, AND THE AMOUNTS AND DATES OF SUCH SALARY. THE DEPARTMENT CERTIFIES THAT THE EMPLOYEE BELOW IS APPLYING FOR, RECEIVING OR DID RECEIVE PUBLIC ASSISTANCE, OR IS A LEGALLY RESPONSIBLE RELATIVE OF THE EMPLOYEE.

* A FINE NOT TO EXCEED $1,000

SUBJECT OF INQUIRY

EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER
COMMENT	LAST KNOWN ADDRESS

EMPLOYER PAYROLL INFORMATION

COMPLETE THE INFORMATION REQUESTED BELOW AND ON THE BACK OF THIS FORM IF THE PERSON IS OR WAS EVER IN YOUR EMPLOY (PLEASE PRINT OR TYPE).

EMPLOYEE TELEPHONE NUMBER	EARNED INCOME CREDIT (EIC) RECEIVED
( )	☐ YES ☐ NO

IS INDIVIDUAL CURRENTLY EMPLOYED? ☐ YES ☐ NO IF NO, REASON FOR TERMINATION

EMPLOYER MEDICAL INFORMATION

MEDICAL INSURANCE COMPANY		MEDICAL INSURANCE COMPANY ADDRESS	
DATES OF COVERAGE FROM TO	TYPE OF COVERAGE	POLICY / CONTRACT NUMBER	GROUP NAME / NUMBER

Please provide earnings information by DATE of PAY as indicated ON REVERSE SIDE

INITIAL REQUEST

PROVIDE EARNINGS INFORMATION BY DATE OF PAY FROM _____ TO PRESENT. PLEASE DO NOT USE QUARTERLY OR YEARLY AMOUNTS. A COMPUTER PRINTOUT OF THE EARNINGS DATA MAY BE SUBSTITUTED IF IT CONTAINS ALL OF THE REQUESTED INFORMATION. ACTUAL DATES OF PAY MUST BE INCLUDED, NOT MERELY "PAY PERIOD ENDING" OR "WEEK ENDING" INFORMATION. PLEASE PRINT OR TYPE AND SIGN YOUR NAME BELOW.

DATE OF PAY	GROSS AMOUNT	ADVANCED EIC	DATE OF PAY	GROSS AMOUNT	ADVANCED EIC

USE THIS SPACE FOR ADDITIONAL COMMENTS:

EMPLOYER'S REPRESENTATIVE (PLEASE PRINT)	TITLE	SIGNATURE	PHONE NUMBER	DATE

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FILE COPY

PA 78 11/04

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DATE OF PAY	GROSS AMOUNT	ADVANCED EIC	DATE OF PAY	GROSS AMOUNT	ADVANCED EIC

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EMPLOYER'S REPRESENTATIVE (PLEASE PRINT)	TITLE	SIGNATURE	PHONE NUMBER	DATE

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SECOND REQUEST

PA 78 11/04

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DATE OF PAY	GROSS AMOUNT	ADVANCED EIC	DATE OF PAY	GROSS AMOUNT	ADVANCED EIC

USE THIS SPACE FOR ADDITIONAL COMMENTS:

EMPLOYER'S REPRESENTATIVE (PLEASE PRINT)	TITLE	SIGNATURE	PHONE NUMBER	DATE