D. SCREEN SHOT 1: WAGES

Wages

* Indicates required information

*Employer name Unknown EIN

Address

Country United States or U.S. Territory

*Street 1

Street 2 Add Line

City/Town State/Territory ZIP Code

--

Unknown

Contact

Phone U.S. International

10-digit Number

Monthly Values

Alleged Amount, Reported Amount or Verified Amount is required

More

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount ($)	Reported Amount ($)	Verified Amount ($)	Court Ordered or IV-D Support Amount ($)	Other Deduction Amount ($)	Unknown	Countable Amount ($)	Action
									Delete

*Other deduction amount reason More Info *Other

Hide person remarks

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

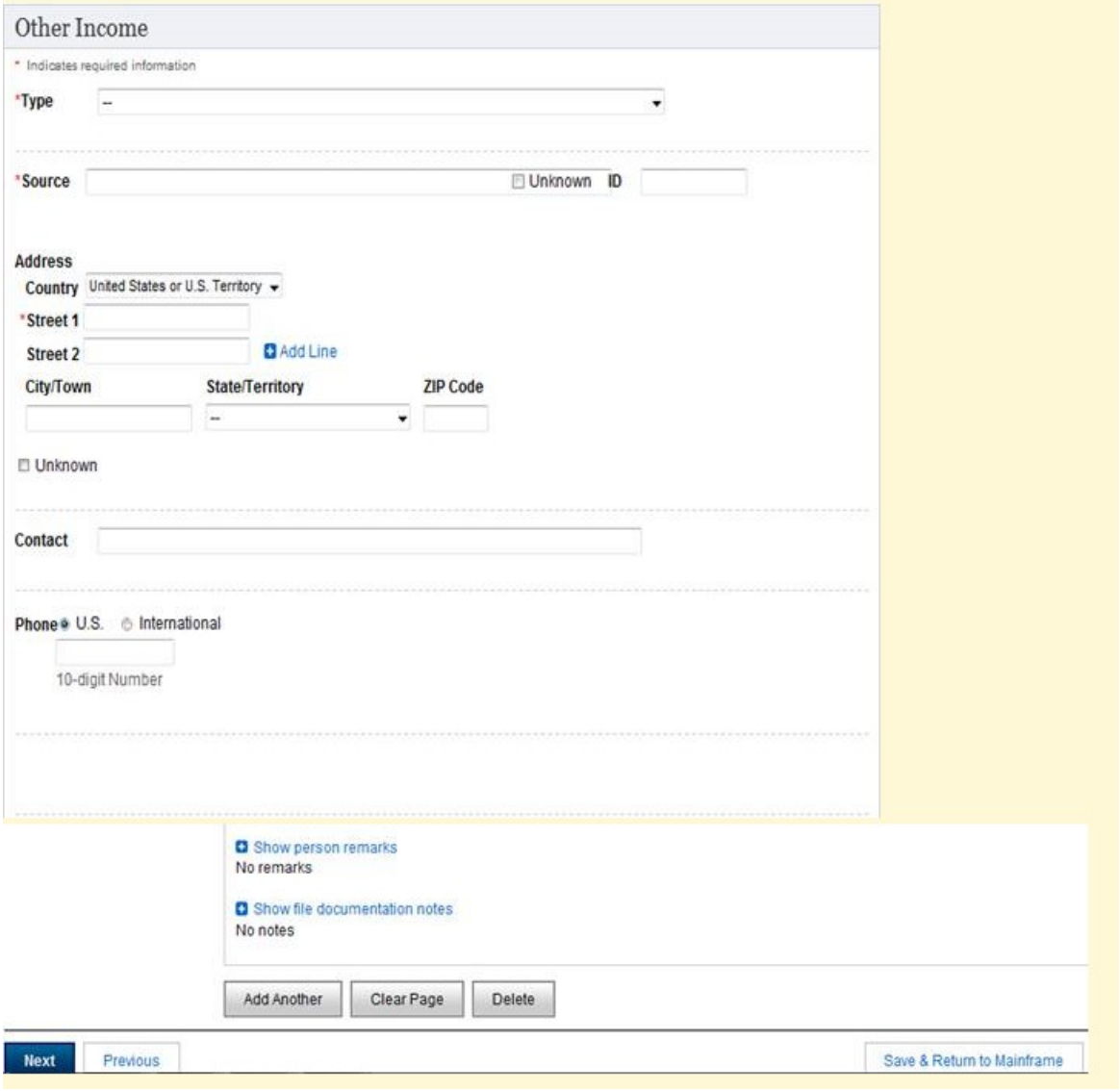
No remarks

Hide file documentation notes

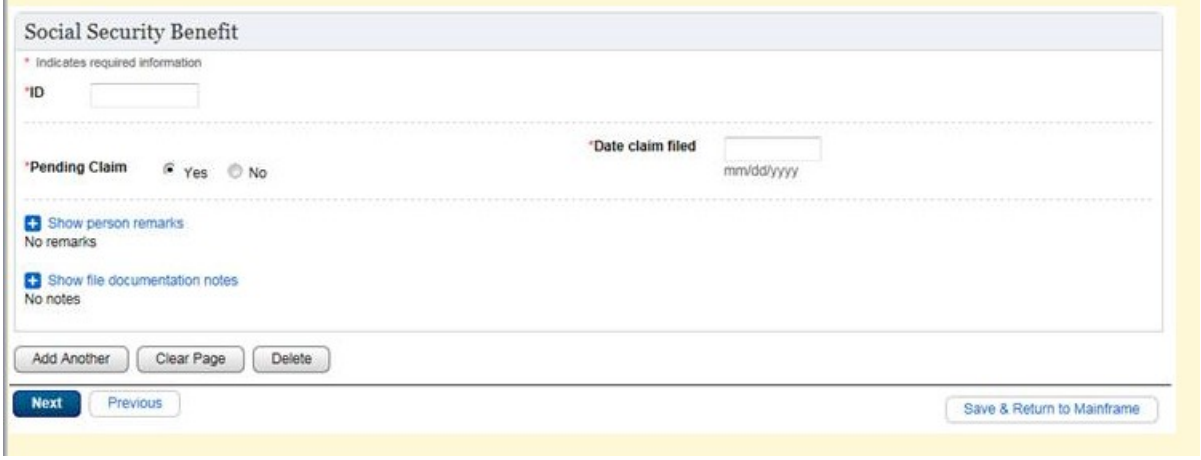
File documentation notes:

(1000 characters maximum)

D. SCREEN SHOT 1 - OTHER INCOME



D. SCREEN SHOT 1: SOCIAL SECURITY BENEFIT



Monthly Values

Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount ($)	Verified Amount ($)	Court Ordered or IV-D Support Amount ($)	Double Counting Overpayment Recovery Amount ($)	Double Counting Applies	Other Deduction Amount ($)	Unknown	Countable Amount ($)	Actions
03/2013	Continuing X	100.00				☐	10.00	☐	90.00	Delete
						☐		☐		Delete

D. SCREEN SHOT 1: PENSION, ANNUITY, RETIREMENT, OR DISABILITY PAYMENT