

D. SCREEN SHOT 1: WAGES

Wages

* Indicates required information

*Employer name ☐ Unknown EIN

Address

Country

*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

* 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

Other Income

* Indicates required information

*Type

--

*Source

☐ Unknown

ID

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

Show person remarks

No remarks

Show file documentation notes

No notes

Add Another

Clear Page

Delete

Next

Previous

Save & Return to Mainframe

D. SCREEN SHOT 1: SOCIAL SECURITY BENEFIT

Social Security Benefit

* Indicates required information

*ID

*Pending Claim ☒ Yes ☐ No

*Date claim filed
mm/dd/yyyy

+ Show person remarks
No remarks

+ Show file documentation notes
No notes

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 ☒	100.00				☒	10.00	☐	90.00	Delete
						☒		☒		Delete

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

Pension, Annuity, Retirement, or Disability Payment

* Indicates required information

*Type

--

*Source

☐ Unknown

ID

Get ID

☐ Unknown

Address

Country

United States or U.S. Territory

*Street 1

Street 2

+ Add Line

City/TownState/Territory

--

ZIP Code

☐ Unknown

Contact

Phone

☒ U.S.

☐ International

10-digit Number

+ Show person remarks

No remarks

+ Show file documentation notes

No notes

Add Another

Clear Page

Delete

Next

Previous

Save & Return to Mainframe

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
03/2012	Continuing ☒	100.00				☒	10.00	☐	90.00	Delete
						☒		☐		Delete

*Other deduction amount reason