STATE OF NORTH CAROLINA

COUNTY OF _____

**IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
File No. _____ CvD _____**

_____,
     Plaintiff,

Versus

EMPLOYER'S WAGE AFFIDAVIT

_____,
     Defendant.

_____

Note to Employer: *The information requested herein is needed by the Court to resolve issues pending the above-entitled action. By completing this form, you may avoid the necessity of appearing in Court, pursuant to a Subpoena.*

I, _____, first being duly sworn, depose and say:
    (Print full name of Personnel / Payroll Officer)

1.   I am an employee of _____ and I am familiar with
                            (Print full name of Company)
    the employment records of _____ who is the
                             (Print full name of employee)
    Plaintiff / Defendant in the above-entitled action and who is an employee of said Company.

2.   The attached records of the above-named employee accurately show the earnings, deductions, company benefits, rate of pay and job title of

    _____.
    (Print full name of employee)

    This the _____ day of _____ 20_____.

                                     _____(seal)
                                     Signature of Affiant (Personnel/Payroll Officer)

Sworn to and subscribed before me,
this the _____ day of _____ 20_____.   (Seal)

_____
Notary Public

My commission expires: _____

Attachment to Employer's Wage Affidavit:

1. **Employer's** Name, Address and Telephone Number:

    _____

    _____

    _____

    Telephone: _____   Fax: _____

2. Employer's Federal Tax ID #_____

3. Employee's Earnings during last calendar year (period ending December 31) including bonuses, if any:

    Gross Pay $_____
    Net Pay $_____

4. Employee's Earnings This Year-to-Date:

    Gross Pay   *$_____
    Net Pay   * $_____

    *This figure is for pay received through the pay period ending
    _____20___.

5. Employee's Current Gross Pay Rate $_____ per _____(period)
    (Note: If employee is on production, please use employee=s current average gross pay per pay period and so note.)

6. Deductions from Employee's Gross Pay, Year-To-Date:

    State Taxes:_____
    Federal Taxes: _____
    FICA: _____
    Medical Insurance: _____
    Dental Insurance: _____
    Retirement: _____
    Other: _____(describe)
    Note: If payroll deductions are made for family coverage medical or dental insurance, what is the deduction per pay period for *CHILDREN ONLY*?   Number of children covered _____.

    $_____ medical $_____Total pay period deduction

    $_____ dental

7. How often is employee paid? ☐ Weekly   ☐ Bi-Weekly   ☐ Monthly
       ☐   Other: Describe _____

8. Employee's average number of hours worked weekly for the past six (6) months. _____hours per week for the months of _____

    _____(Specify which months this average covers)

9. Employee Hire Date: _____

10. Employee's Starting Pay: $_____ per _____

11. Employee Job Title _____

12. Number of exemptions claimed on employee=s Federal W-4 ? _____

13. Is Employee Paid a Bonus? _____

    If yes, how is bonus computed? _____

    When is bonus paid? _____

    Last year $_____ This year $_____

14. Notes or comments:
    _____
    _____
    _____