**Date: [Insert Date]**

**To Whom It May Concern:**

**Re: Income Verification for [Employee's Full Name]**

This is an income verification letter for **Employee Name**, an employee at (company name). She has been working for us as the (job title) for the past 2 years. Her annual salary is (amount) along with (amount) of additional benefits.

We have enclosed the necessary verification documents including copies of XYZ’s recent pay slips. For further information, kindly contact the Finance Department at (phone number).

**Employment Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | [Employee’s Full Name] | | |
| **Employee ID (if applicable)** | [Employee’s ID Number] | **Job Title:** | [Employee’s Job Title] |
| **Department:** | [Employee’s Department] | **Employment Status:** | [Full-Time/Part Time/Contractor] |
| **Date of Hire:** | [Employment Start Date] | | |

**Income Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Base Salary/Wage:** | [Base Salary/Wage] per [Hour/Week/Month/Year] | **Overtime Rate:** | [Overtime Rate, if applicable] per [Hour/Week/Month/Year] |
| **Average Weekly/Monthly/Annual Hours Worked:** | [Average Hours Worked] | **Additional Compensation:** | [Bonuses, Commissions, etc., if applicable] |

**Total Annual Income:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Annual Base Salary/Wage:** | [Total Base Salary/Wage] | **Total Additional Compensation:** | [Total Additional Compensation, if applicable] |
| **Total Annual Income:** | | [Total Annual Income] | |

Please note that the income stated above is [gross/net] income and does not include deductions for taxes, insurance, retirement contributions, or other benefits.

Sincerely, [Your Name] [Your Job Title] [Your Company’s Name] [Your Company’s Address] [City, State, ZIP Code] [Your Phone Number] [Your Email Address]   
**[Your Signature]**  
[Your Name]  
[Your Job Title]  
[Date]