

**INSTRUCTIONS TO COMPLETE  
EMPLOYER WAGE AFFIDAVIT, INFORMATION SHEET AND  
CERTIFICATE OF SERVICE**

1. The Employer Wage Affidavit and Information Sheet is for the purpose of providing the court with information and records concerning a party's income and benefits to assist the court in making decisions regarding that party's pending case.
2. If you are the custodian of records for your employer and you or your employer have been served with a subpoena commanding you or your employer to appear in court for the sole purpose of producing employee records in the possession and control of the employer, you may, in lieu of a personal appearance, do the following:
  - a. tender to the requesting party, by registered mail, certified copies of the records requested together with the original Employer Wage Affidavit by the custodian as to the authentication of the records tendered, or, if no such records are in the employer's custody, an affidavit to that effect (do NOT file with the court); and
  - b. tender to the Clerk of Superior Court, Wake County, P.O. Box 351, Raleigh, NC 27602, the original Certificate of Service that follows the Affidavit (file with the court).
3. Please complete the attached Employer Wage Affidavit and Information Sheet, as well as the Certificate of Service, if you are the person who is the designated custodian of records for the employer from whom the records have been subpoenaed.
4. Copies of the records are deemed "certified" if they are appended to the Affidavit attached to these instructions and referred to therein.
5. If you have any of the documents identified in the subpoena in your possession and control, copies of these documents should be submitted with the Employer Wage Affidavit to the requesting party. Do NOT file these documents or send copies thereof to the Clerk of Court.

NORTH CAROLINA  
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

FILE NO. \_\_\_\_\_

Assigned Judge: \_\_\_\_\_

_____ Plaintiff,	
v.	
_____ Defendant.	

**EMPLOYER WAGE AFFIDAVIT**

I, \_\_\_\_\_, (*please print name*), being duly sworn, deposes and says:

1. That I am  employee  owner of \_\_\_\_\_ (*name of company*) located at \_\_\_\_\_ (*full address*), and that I have personal knowledge of the record keeping activities of the business;

2. That \_\_\_\_\_, the  Plaintiff, or  Defendant in the above entitled action, is an employee of said company;

3. That the information and/or records attached hereto of  Plaintiff's, or  Defendant's earnings, deductions, company benefits, and length of employment are true and correct to the best of affiant's information and belief, and that the attached information and/or records are kept in the regular course of business of my employer; and

4. That my work telephone number is \_\_\_\_\_.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Name and Title of Affiant

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this day by \_\_\_\_\_ (I have personal knowledge of the identity of the principal(s)) or (I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a \_\_\_\_\_) or (A credible witness has sworn to the identity of the principal(s)).

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

# INFORMATION SHEET

*Notice to Employer: Please fill out completely and return per the above Instructions.*

**EMPLOYER NAME/ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYEE INFORMATION

● Full name of employee: \_\_\_\_\_

Address: \_\_\_\_\_

SSN (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ No. of exemptions claimed: \_\_\_\_\_

● Date employed: \_\_\_\_\_ Current/Last Job Title: \_\_\_\_\_

Date employment ended if employee no longer employed by you: \_\_\_\_\_

Current/last rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_ (state period)

Average number of hours worked per week: \_\_\_\_\_

How often paid (check one):  Weekly  Bi-weekly  Monthly  Semi-monthly

Other: \_\_\_\_\_

Date last paid: \_\_\_\_\_

● Total earnings last calendar year (including bonuses): Gross \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

● Total earnings this calendar year (including bonuses) through the date employee was last paid:

Gross \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_

● Identify any pay increase the employee received in the last 12 months: \$ \_\_\_\_\_ per \_\_\_\_\_

### Complete the Information below for the last four Pay Periods

Date Paid	Gross Wages	Bonus/Commission	Federal Tax	State Tax	FICA	Retirement	Net Wages

### MEDICAL INSURANCE INFORMATION

Available for children as of \_\_\_\_\_ (Date)  Not Available for children

Total cost to employee: \$ \_\_\_\_\_ Cost to employee for children: \$ \_\_\_\_\_

Individuals currently covered: \_\_\_\_\_

### DENTAL AND VISION INSURANCE INFORMATION

Available for children as of \_\_\_\_\_ (Date)  Not Available for children

Total cost to employee: \$ \_\_\_\_\_ Cost to employee for children: \$ \_\_\_\_\_

Individuals currently covered: \_\_\_\_\_

### AMOUNTS PER PAY PERIOD PAID BY EMPLOYER ON EMPLOYEE'S BEHALF FOR:

a. Medical Insurance: \$ \_\_\_\_\_

d. Retirement: \$ \_\_\_\_\_

b. Disability Insurance: \$ \_\_\_\_\_

e. Reimbursed expenses: \$ \_\_\_\_\_

c. Dues: \$ \_\_\_\_\_

● Identify and value other benefits of employment provided to employee (e.g, cell phone, car, etc):  
\_\_\_\_\_  
\_\_\_\_\_

NORTH CAROLINA  
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

Assigned Judge: \_\_\_\_\_

v.

\_\_\_\_\_  
Defendant.

**CERTIFICATE OF SERVICE**

I hereby certify that the foregoing Employer Wage Affidavit and Information Sheet, together with  copies of all requested documents  no document copies produced have been served on the opposing party/counsel in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to:

\_\_\_\_\_

\_\_\_\_\_

By hand delivery to:

\_\_\_\_\_

\_\_\_\_\_

By facsimile to: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number