

**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 (\$) | More Action |
|-----------------------|----------------------|----------------------|----------------------|----------------------|---|-----------------------------|--------------------------|-----------------------|-------------|
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                      | <input type="text"/>        | <input type="checkbox"/> |                       | 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

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\*Source   Unknown ID

**Address**

Country

\*Street 1

Street 2  [Add Line](#)

City/Town  State/Territory  ZIP Code

Unknown

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Contact

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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**

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**\*Pending Claim**  Yes  No

**\*Date claim filed**  mm/dd/yyyy

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**+ Show person remarks**  
No remarks

**+ Show file documentation notes**  
No notes

### Monthly Values

Alleged Amount or Verified Amount is required

| <small>* Date From (mm/yyyy)</small> | <small>* Date To (mm/yyyy)</small>             | 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 <input checked="" type="checkbox"/> | 100.00               | <input type="text"/> | <input type="text"/>                      | <input type="text"/>                             | <input checked="" type="checkbox"/> | 10.00                       | <input type="checkbox"/> | 90.00                 | <input type="button" value="Delete"/> |
| <input type="text"/>                 | <input type="text"/>                           | <input type="text"/> | <input type="text"/> | <input type="text"/>                      | <input type="text"/>                             | <input checked="" type="checkbox"/> | <input type="text"/>        | <input type="checkbox"/> |                       | <input type="button" value="Delete"/> |

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

**Pension, Annuity, Retirement, or Disability Payment**

\* Indicates required information

\*Type

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\*Source   Unknown ID    Unknown

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**Address**

Country

\*Street 1

Street 2

City/Town  State/Territory  ZIP Code

Unknown

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**Contact**

---

**Phone**  U.S.  International

10-digit Number

---

No remarks

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                               |
|-----------------------|--|----------------------|----------------------|---|--|--------------------------|-----------------------------|--------------------------|-----------------------|---------------------------------------|
| 03/2012               | Continuing <input checked="" type="checkbox"/> | 100.00               | <input type="text"/> | <input type="text"/>                      | <input type="text"/>                             | <input type="checkbox"/> | 10.00                       | <input type="checkbox"/> | 90.00                 | <input type="button" value="Delete"/> |
| <input type="text"/>  | <input type="text"/>                           | <input type="text"/> | <input type="text"/> | <input type="text"/>                      | <input type="text"/>                             | <input type="checkbox"/> | <input type="text"/>        | <input type="checkbox"/> | <input type="text"/>  | <input type="button" value="Delete"/> |

\*Other deduction amount reason