



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

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Date:

Dear Employer:

Please complete the attached Employer's Statement of Earnings for the employee named on the form. The employee has signed this form, authorizing you to release the information needed. Only the sections of the form that are checked and the employer's signature line need to be completed. If you need additional space for your response, please attach a separate piece of paper.

Please return all copies of the form by . We have provided a postage-paid return envelope for your use. If you have any questions, please contact me at the number listed below.

Thank you in advance for your prompt attention to this request.

Sincerely,

\_\_\_\_\_  
Income Maintenance Worker

\_\_\_\_\_  
Phone

Enclosure