

**CHILD CARE DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM**  
**TIPPED EMPLOYEE WORKSHEET** (v5-20-12)

Check Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

*The following wage categories are listed on my attached paystub. Those included in my gross wages have been marked.*

Description (List each wage/earnings category listed on your pay stub)	Hours Shown on Pay Stub	Included in my Gross	Amount Shown on Pay Stub
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Additional Self Declared Tips</b>		<b>YES</b>	<b>n/a</b>
<b>TOTALS</b>			\$
<b>To determine gross wages, record the greater of Amount Reported or Total Hours x Minimum Wage</b>		<i>(Internal Use ONLY) Minimum Wage Calculation</i> Total Hours X Minimum Wage = \$	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Additional Self Declared Tips</b>		<b>YES</b>	<b>n/a</b>
<b>TOTALS</b>			\$
<b>To determine gross wages, record the greater of Amount Reported or Total Hours x Minimum Wage</b>		<i>(Internal Use ONLY) Minimum Wage Calculation</i> Total Hours X Minimum Wage = \$	

By my signature below, I confirm the information provided is a true and accurate representation of my income. I understand my employer may be asked to provide additional information supporting my declarations above and provide my consent for wage verification.

Applicant/Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: Copies of your pay stubs *must* be included with this form.**