

Employment Verification (To Be Completed by Employer Only)

Return completed form to:

Centralized Scanning Unit (CSU)
P.O. Box 181
Concord, NH 03301
Or Fax to (603) 271-5623

Employee Name: Martin Lutter

SSN: 237-444-137

1. NEW or CURRENT EMPLOYMENT

Date of Hire: 07/06/2016 Job Title: Bar tender Employer EIN: 26241231

Date of First Paycheck: 07/07/2016 Frequency of Pay: **Weekly** (Bi-weekly) **Semi-monthly** / **Monthly** (circle one)

Avg. Hrs per Week: 35 Current Rate of Pay \$ 25 per: hour (hour/day) **Full time** / (Part time) **Per Diem** (circle one)

Is this employment (Permanent) **Temporary** / **Seasonal** (circle one)? If temporary, seasonal or per diem please explain:

Any anticipated changes in rate of pay or average hours? Yes ☐ or No ☒ (If Yes, use back of form to explain)

Does the employee work overtime? Yes ☐ or No ☒ If Yes, how often _____ # of hours _____

Does the employee have any of the following deductions?

Check all that apply and indicate the amount and frequency i.e., per week, month etc. (use back of form if more space is needed)

☐ Profit Sharing \$ _____ per _____ ☐ Savings Bond(s) \$ _____ per _____ ☐ Life Insurance \$ _____ per _____

☐ Retirement/IRA \$ _____ per _____ ☐ Other Pretax Deduction (i.e. union dues): Type _____ \$ _____ per _____

☐ Mandatory Wage Garnishments (i.e. child support): Type: _____ \$ _____ per _____

Is FIT OR FICA withheld? Yes ☐ or No ☐

Is health insurance available? Yes ☐ or No ☐

Leave of Absence:

On a Leave of Absence? Yes ☐ or No ☐ Begin Date: ____/____/____ Expected End Date: ____/____/____

Actual Date Final Paycheck was Received: ____/____/____ Gross Amount of Final Paycheck: \$ _____

Workers' Compensation **Pending** / **Being Paid** / **Denied** or **N/A** (circle one) Carrier's Name: _____

Short-Term Disability / **Long-Term Disability** or **N/A** (circle one) Frequency: (wkly, mth etc.) _____ Amount \$ _____

2. LOSS OF EMPLOYMENT

Date Employment Ended: 07/04/2018

Reason: found new Job

Actual Date Final Paycheck was Received: 01/07/2018 Gross Amount of Final Paycheck: \$ 2300

Did the employee receive money from another source? Yes ☐ or No ☒ If Yes, indicate the source, type, frequency and amount (i.e., severance pay, workers comp, etc.): _____

Did the employee have health insurance? Yes ☐ or No ☒

If Yes, End Date: ____/____/____ COBRA: Yes ☐ or No ☐

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3. HEALTH INSURANCE (If known)

Does the employee have health insurance? Yes ☒ or No ☐ If No, did the employee decline? Yes ☐ or No ☐

1. Type (i.e., medical, vision, dental): medical Name of Carrier: PSF

Policy Start Date: 06/07/2016 Policy Number: 231214 Group Number: _____

Address (No., Street): 40 Edison street City: phoenix State: AZ ZIP Code: 03123

Self or Family (circle one) Premium Amount \$ _____ per (weekly, monthly etc.): _____

2. Type (i.e., medical, vision, dental): _____ Name of Carrier: _____

Policy Start Date: ____/____/____ Policy Number: _____ Group Number: _____

Address (No., Street): _____ City: _____ State: _____ ZIP Code: _____

Self or Family (circle one) Premium Amount \$ _____ per (weekly, monthly etc.): _____

4. WAGES RECEIVED

Complete this section for all employment types (new, current, leave of absence or loss of employment)

Please list the employee's gross wages for the last 4 weeks, **and indicate all bonuses, tips, or commissions** that are not already included in the gross wages. If the employee receives an Earned Income Tax Credit (EITC), indicate the amount of the credit.

If not already included in Gross Wages...

Actual Date Paid	Gross Wages	EITC	# of Hours	Tips	Bonus	Commission
01/07/2018	\$ 2312	\$	30	\$ 45	\$ 36	\$ 20
23/06/2018	\$ 2736	\$	34	\$ 133	\$ 22	\$ 67
15/06/2018	\$ 2217	\$	37	\$ 161	\$ 14	\$ 82
7/06/2018	\$ 1629	\$	21	\$ 24	\$ 16	\$ 13

Are **ALL** types of tips indicated? Yes ☐ or No ☐ If NO, explain: _____

Additional Information: _____

Thank you for your cooperation!

If you have any questions or need help completing this form please call our Customer Service Center at:

1-844-ASK-DHHS (1-844-275-3447) or 603-271-9700

cc Bartender
Signature & Title of Person Completing this Form

09/09/2025
Date

Martin Luther
Printed Name of Person Completing this Form

661-242-0127
Telephone Number

Mezcal Resto cafe
Company Name

Fax Number

@ 42 Newmark avenue
Company Address

phoenix
City

Arizona
State

03222
Zip