



EARNINGS REPORT

Employees System

Fire & Police System

Address Change

GENERAL INFORMATION - PLEASE TYPE OR PRINT

First Name [ ] Last Name [ ] Social Security Number [ ]

Mailing Address [ ] City [ ] State [ ] Zip Code [ ]

Home Phone [ ] Cell Phone [ ] Email [ ]

In accordance with the requirements of the Fresno Municipal Code, I hereby submit the following report covering my employment for each of the months shown below. If this form is not returned by the 20th of January, April, July and October of each year, you will only receive the annuity portion of the monthly benefit payment.

I  AM  AM NOT currently working. If NOT working, date employment terminated: [ ]

Month [ ] Year [ ] Employer [ ] Address [ ] City [ ] State [ ] Zip Code [ ]

Self-Employed or other Employee Gross Earnings (As reported for Federal Income Tax purposes.)\* [ ]

Month [ ] Year [ ] Employer [ ] Address [ ] City [ ] State [ ] Zip Code [ ]

Self-Employed or other Employee Gross Earnings (As reported for Federal Income Tax purposes.)\* [ ]

Month [ ] Year [ ] Employer [ ] Address [ ] City [ ] State [ ] Zip Code [ ]

Self-Employed or other Employee Gross Earnings (As reported for Federal Income Tax purposes.)\* [ ]

\* Gross earnings are total earnings before any deductions. Such earnings must be reported for self-employed as well as for earnings as an employee.

SIGNATURE

I certify under penalty of perjury that the foregoing information is true and correct.

Signature [ ]

Date [ ]