



# EARNINGS REPORT

Employees System

Fire & Police System

**Address Change**

## GENERAL INFORMATION - PLEASE TYPE OR PRINT

First Name	Last Name	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

*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	<input type="text"/>	Employer	<input type="text"/>	Position Title	<input type="text"/>
Year	<input type="text"/>	Address	<input type="text"/>		
		City	<input type="text"/>	State	<input type="text"/>
			Zip Code	<input type="text"/>	
		Self-Employed or other Employee Gross Earnings (As reported for Federal Income Tax purposes.)*			<input type="text"/>
Month	<input type="text"/>	Employer	<input type="text"/>	Position Title	<input type="text"/>
Year	<input type="text"/>	Address	<input type="text"/>		
		City	<input type="text"/>	State	<input type="text"/>
			Zip Code	<input type="text"/>	
		Self-Employed or other Employee Gross Earnings (As reported for Federal Income Tax purposes.)*			<input type="text"/>
Month	<input type="text"/>	Employer	<input type="text"/>	Position Title	<input type="text"/>
Year	<input type="text"/>	Address	<input type="text"/>		
		City	<input type="text"/>	State	<input type="text"/>
			Zip Code	<input type="text"/>	
		Self-Employed or other Employee Gross Earnings (As reported for Federal Income Tax purposes.)*			<input type="text"/>

\* 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 \_\_\_\_\_