

NORTH CAROLINA  
28th JUDICIAL DISTRICT  
BUNCOMBE COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
\_\_\_\_\_-CVD-\_\_\_\_\_

_____, Plaintiff
-v-
_____, Defendant

**AFFIDAVIT**  
(Employer Wage Affidavit)

I, \_\_\_\_\_, (please print name) a Personnel Officer, being duly sworn, deposes and says:

1. That I am an employee of \_\_\_\_\_ [name of company] located at \_\_\_\_\_ [provide full address]; and
2. That \_\_\_\_\_, the [ ]Plaintiff, or [ ]Defendant in the above entitled action, is an employee of said company; and
3. That the records attached hereto of [ ]Plaintiff's, or [ ]Defendant's earnings, deductions, company benefits, and length of employment are true and correct to the best of affiant's information and belief.
4. That my work telephone number is \_\_\_\_\_.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Affiant (Personnel Officer)

\_\_\_\_\_  
Title

Subscribed and sworn before me this  
the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

**EARNINGS INFORMATION**

1. Earnings last calendar year, including bonus, if any:
  - a. Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_
2. Present rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_ [*insert time period, i.e., week, month, etc.*]
 

\* If Employee is paid on production or commission, what is present average gross pay?  
\$ \_\_\_\_\_ per \_\_\_\_\_ [*insert time period, i.e., week, month, etc.*]
3. How often is employee paid? \_\_\_\_\_
4. Number of hours working per day? \_\_\_\_\_
5. Number of days working per week? \_\_\_\_\_
6. Deductions from gross pay per pay period:
  - a. State taxes: \$ \_\_\_\_\_ Federal taxes: \$ \_\_\_\_\_
  - b. FICA: \$ \_\_\_\_\_ Medical Insurance \$ \_\_\_\_\_
    - i. How much of medical insurance premium is allocated for coverage of children?  
\$ \_\_\_\_\_ per \_\_\_\_\_.
    - ii. Does medical insurance include medical, dental and/or other coverage? If so, what health care services are covered? \_\_\_\_\_
    - iii. What are the terms of the deductible payments required under the medical coverage provided? \_\_\_\_\_
7. Number of exemptions claimed: \_\_\_\_\_
8. Date employee last paid: \_\_\_\_\_
9. How many pay periods, if any, are employee's earnings retained by employer? \_\_\_\_\_
10. Earnings this calendar year through date employee was last paid, including bonus, if any:
  - a. Gross: \$ \_\_\_\_\_ Net: \$ \_\_\_\_\_
11. Is employee paid a bonus? \_\_\_\_\_ (yes or no) If yes, explain:
  - a. How bonus is computed: \_\_\_\_\_
  - b. When bonus is paid: \_\_\_\_\_
  - c. Amount paid last calendar year: \_\_\_\_\_
  - d. Amount paid this calendar year: \_\_\_\_\_
12. What pay increase, if any, has employee received in the past twelve months? \_\_\_\_\_
13. Nature of employment: \_\_\_\_\_
14. Date(s) of Hire/service: \_\_\_\_\_
15. Amount paid by employer on employee's behalf for:
  - a. Medical Insurance: \$ \_\_\_\_\_ per \_\_\_\_\_
  - b. Disability Insurance: \$ \_\_\_\_\_ per \_\_\_\_\_
  - c. Dues: \$ \_\_\_\_\_ per \_\_\_\_\_
  - d. Retirement: \$ \_\_\_\_\_ per \_\_\_\_\_
  - e. Reimbursed expenses: \$ \_\_\_\_\_ per \_\_\_\_\_