

Annual Report of Extra Income In Excess of \$500

Campus Where Employed: _____

Filing for Year: _____

1. Name of Employee: _____ ID # _____

2. Source and Amount of Income in Excess of \$500:

(a) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

(b) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

(c) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

(d) _____ \$ _____
(Name of Public Agency) (Amount In Excess of \$500)

NOTE: Extra Income statements must be filed by January 31 of each year. Persons employed by institutions of higher learning must file with the President of that institution.

-VERIFICATION-

I do solemnly swear that the foregoing *Annual Report of Extra Income in Excess of \$500* filed herewith is in all things true and correct, and fully shows all the information required to be reported by me.

Employee Signature

State of Arkansas

County of _____

Subscribed and sworn to before me, a Notary Public, this the ___ day of _____

Notary Public

My Commission Expires: _____