

SAMPLE WAGE ALLOCATION LETTER TO ACCOMPANY 2024 W-1040/CF-1040

EMPLOYER LETTERHEAD

[DATE]

City of Walker
Income Tax Department
4243 Remembrance Rd. NW
Walker MI 49534

FORM Wage Allocation Confirmation

This letter confirms that [EMPLOYEE NAME] with social security number ending in [LAST FOUR] was employed by [EMPLOYER NAME] in calendar year 2024 from [BEGINNING EMPLOYMENT DATE] to [ENDING EMPLOYMENT DATE].

[EMPLOYEE NAME] worked remotely outside of the City of Walker from [BEGINNING REMOTE DATE] to [END REMOTE DATE]. Work log is attached.

Signed by HR Department representative or employee's supervisor
Contact phone number for person signing