

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)

-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: _____

NOTE: Employees file the Annual Report of Extra Income Statements by January 31 of each year with the Office of Human Resources of the campus where employed.

The Office of Human Resources of the campus where employed files the Annual Report of Extra Income Statements by February 10 of each year with the Office of the President, University of Arkansas System, 2404 North University Avenue, Little Rock, AR 72207.