

SAMPLE WAGE ALLOCATION LETTER TO ACCOMPANY 2020 FORM W-COV/CF-COV

EMPLOYER LETTERHEAD

[DATE]

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

FORM W-COV/CF-COV 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 2020 from [BEGINNING EMPLOYMENT DATE] to [ENDING EMPLOYMENT DATE].

[EMPLOYEE NAME] worked remotely outside of the City of Walker due to COVID-19 from [BEGINNING REMOTE DATE] to [END REMOTE DATE].

Add the following if applicable:

[EMPLOYEE NAME] was laid off from [EMPLOYER NAME] from [BEGINNING LAY OFF DATE] to [END LAY OFF DATE].

[EMPLOYEE NAME] was paid by [EMPLOYER NAME] to stay home but did not perform work approximating their normal hours from [BEGINNING STAY HOME DATE] to [END STAY HOME DATE].

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