

## Self-Employment Verification of Lost Wages

You must complete this section and provide copies of three years federal income tax returns to support your request for lost wages. Free tax return transcripts may be requested from the Internal Revenue Service (IRS) by phone at 1-800-829-1040 or by mail using IRS form 4506T available at <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>.

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Description of your work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the crime directly impacted your ability to work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. What was the date you were first unable to report to work? \_\_\_\_\_
2. What date did you return to work part time, if applicable? \_\_\_\_\_
3. What date did you return to work full time, if applicable? \_\_\_\_\_
4. Average number of hours worked per week: \_\_\_\_\_

I declare under penalty of perjury that all the information I have provided is true, correct, and completed to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments? \_\_\_\_\_  
\_\_\_\_\_

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Please return this form to:

Violent Crimes Compensation Board  
P.O. Box 110230  
Juneau, AK 99811-0230