

Somebody Good, Inc.

Phone: (310) 737-9100

Fax: (310) 737-9106

EARNINGS STATEMENT

Name: _____

Firm: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

SS # _____ - _____ - _____

Dates worked:

From: _____ To: _____

No. of Hours Worked _____ x \$23.00 = _____

OT Hours _____ x \$34.50 = _____

Double Time _____ x \$46.00 = _____

Gross Wages _____

Note: Do not substitute any other form for the Earnings Statement. Please mail or fax a copy of this statement to be received by Somebody Good, Inc. no later than 72 hours from submission of this statement to the firm. Please keep a copy of this statement for your own records.

Commission Due to Somebody Good, Inc.

Regular Hours _____

OT Hours _____

Double Time Hours _____

Total Hours _____ x \$3.00 = _____
Commission Due

By signing this statement, I agree that the above information is true and correct to the best of my knowledge.

Signature (Secretary): _____

Attention Firm:

Upon receipt of this statement please pay net wages directly to the temporary personnel with one check and commission directly to Somebody Good, Inc. with a separate check sent to:

Somebody Good, Inc.
12405 Venice Blvd., Ste 138
Los Angeles, CA 90066

Disclaimer: Somebody Good, Inc. is a referral agency, therefore the above temporary personnel is not an employee of Somebody Good, Inc. and Somebody Good, Inc. is not responsible for the wages, taxes or any other compensation to the temporary personnel.