



Employment Data Report—The Work Number®

Equifax Workforce Solutions

Employee-consumers who currently work for or have previously worked for organizations that contribute information to The Work Number can easily access their Employment Data Report (EDR). They are entitled to one free EDR each year which provides complete historical employment and income information as well as a listing of verifier requests for the past two years and information on how to dispute any inaccurate data.

Dear Roseanne,

Thank you for requesting your Employment Data Report. Your Employment data Report includes all employment data sent to The Work Number by your employer(s), including W-2's if your employer(s) participates in the TALX W-2 service and your W-2 is requested by a verifier. An important document titled "A Summary of Your Rights Under the Federal Credit Reporting Act" is also enclosed. Great care has been taken to report this information correctly. Please help us in achieving even greater accuracy by reviewing all of the enclosed material carefully.

Verifiers who have requested your data in the past 24 months -
Organization Name: ABC Automotive
Date of Request: 10/31/2013

Organization Name: One Bank, Ltd.
Date of Request: 10/31/2013

Organization Name: Forever Home Mortgage Company
Date of Request: 10/31/2013

Organization Name: CareerSystems, Inc.
Date of Request: 11/15/2012

Organization Name: Cable TV Unlimited
Date of Request: 06/02/2014

Organization Name: USA Bank
Date of Request: 06/02/2014

The information provided in this document is an unofficial report, intended for personal use by the employee-recipient only. It is not intended for verification purposes. **Using this document for consumer verification purposes could constitute a violation of the Fair Credit Reporting Act and result in a monetary fine.** If someone is asking you to provide verification of employment or income, please direct them to www.theworknumber.com.

If you need further assistance or wish to dispute any information in your Employment Data Report, please contact our Client Service Center at 1-800-367-2884 Monday through Friday 7am-8pm CST. Please reference case number 328B84-3536979. If you wish, you may also contact your employer(s) at the address indicated in each employment record below.

Sincerely,
The Work Number Service Team



EMPLOYEE NAME:	ROSEANNE SMITH
SSN:	XXXXX6001
DATE:	10/01/2014

Employer Name: Employer Code: Employer Address:
 Enterprise USA 91001 1 Enterprise Road
 Anywhere, MO 00000

Information Current as of: Employee Name:
 10/01/2014 ROSEANNE J SMITH

Employment Status: Most Recent Start Date: Total Time With Employer: Job Title: Rate of Pay: Average Hours per pay period:
 Active 09/17/2006 8 Years MANAGER-OPERATIONS \$18.00 Hourly 90

Original Hire Date: Union Affiliation: Work Location(Job site):
 09/17/2006 NBOOW 510 11432 LACKLAND RD
 ST. LOUIS, MO, 63146

Year	Base Pay	Overtime	Commission	Bonuses	Other Income	Total Pay
2014	\$30,400.00	\$4,750.00	\$2,850.00	\$950.00	\$190.00	\$39,140.00

Next Projected Last
 Date of Pay Increase: 12/31/2014 12/31/2013
 Amount of Pay Increase: \$2.00 \$1.00

Employee Address: Employee Phone Number: Date of Birth:
 123 MAIN ST, APARTMENT 3A (314) 999-0001 03/18/1975
 ST. LOUIS, MO, 63101-1017

MEDICAL INSURANCE

Insurance Available: Employee Eligible: Employee Enrolled: Next Open Enrollment Date:
 Y Y Y 10/01/2015

Coverage Start Date: Carrier Name: Carrier Address: Carrier Phone Number: Policy Number:
 01/01/2008 MY INSURANCE CO. 123 MAIN STREET (555) 555-5555 123456789
 ST. LOUIS, MO, 63101

Group Number: Coverage Level: Annual Cost: Dependent Coverage Available: Per Pay Period Cost to Add Dependent: Number of Dependents Covered:
 12345 Family - Employee and Spouse and Children \$1,690.00 Y \$100.00 1

Name SSN Birth Date
 JOHN W SMITH XXX-XX-6789 07/15/2005

Participating in COBRA:
 N

DENTAL INSURANCE

Insurance Available: Employee Eligible: Employee Enrolled: Carrier Name: Carrier Phone Number: Policy Number:
 Y Y Y DENTAL INSURANCE (314) 888-7000 987654321

VISION INSURANCE

Employee Eligible: Employee Enrolled: Carrier Name: Carrier Phone Number: Policy Number:
 Y Y VISION INSURANCE (314) 999-1234 999123456

WORKERS' COMPENSATION

Receiving Workers' Compensation: Carrier: Date of Injury: Date of Award: Claim Number: Claim Pending:
 Y WC INSURANCE 06/01/2007 07/09/2007 WC123456789 Y

INCOME AND DEDUCTIONS

Average Hours Per Pay Period: Pay Cycle: Payroll Deduction for All Insurance Coverage:
 90 Semi Monthly \$32.00

PAY PERIOD DETAIL 10/01/2014

Income	Withholding
Total Gross Earnings: \$2,179.08	Federal Tax: \$124.00
Pension: \$100.00	State Tax: \$59.00
Other Income: \$11.00	Local Tax: \$17.00
	Social Security: \$37.00
	Medicare: \$26.00
	Retirement/401k: \$132.00
	Cafeteria Plan: \$250.00
	Garnishments: \$100.00
	Other Withholding: \$42.00

HISTORICAL PAY PERIOD SUMMARY

Pay Period End Date	Pay Date	Hours Worked	Gross Earnings	Net
10/01/2014	09/15/2014	90	\$2,179.08	\$1,281.08

EMPLOYER LEVEL DISCLAIMER

SSV: This is where a general employer message would be added or edited.
VOE: This is where a general employer message would be added or edited.
VOI: This is where a general employer's message would be added or edited.

 **Contact Us Today**

For more information, please contact:
 moreinfo@equifax.com
 800-888-8277
 www.equifaxworkforce.com

