

FINANCIAL RESOURCE REPORT

RUN DATE : 03/03/2000		NC DEPARTMENT OF HEALTH AND HUMAN SERVICES							
PAGE: 1		INCOME ELIGIBILITY VERIFICATION SYSTEM							
COUNTY: 07 NAME: BEAUFORT		BENEFICIARY EARNINGS EXCHANGE REPORT - WORKER COPY							
REPORT NO: VBE004		RETENTION: 24 MONTHS							

PROG: AAF		DIST/WRK#: 725			TAX YR: 1998				

LAST NAME / TION TAKEN	FIRST	MI	SSN /	DOB /	EMPLOYER	RPT	EARNINGS	TYPE	A C
EMP NAME/ADDR	NAME		CASE ID	CTY CASE	ID	YR			

LAJONES	TONIE	R	123456789 1234567	12/25/1965	1998		\$1,534.00	SE	

Figure 605-7

