

CITY OF DETROIT, MICHIGAN

CERTIFICATION OF EARNINGS RECEIVED BY DISABILITY BENEFICIARY

SSN: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

**BOARD OF TRUSTEES  
Police and Fire Retirement System  
Systems of the City of Detroit  
500 Woodward Ave Ste 3000  
Detroit, MI 48226-5493**

I hereby certify that during the calendar year beginning \_\_\_\_\_ and ending \_\_\_\_\_, I have been paid (**other than my disability pension**) the following amounts while on Disability retirement:

Amount paid by Workmen's Compensation \$ \_\_\_\_\_

Disability Benefits paid by the Veteran's Administration or other similar benefits \$ \_\_\_\_\_

**OTHER INCOME**

Name of Employer	Address of Employer	Gross Pay
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**TOTAL FOR THE CALENDAR YEAR \$ \_\_\_\_\_**

I hereby certify that the income reported by me as detailed above is in conformity with the amount of income I have reported on my annual Federal Income Tax Return and give my permission to the Retirement Systems – City of Detroit, to obtain from the Internal Revenue Service a copy of my Federal Income Tax Return for the year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Disability Beneficiary

\_\_\_\_\_  
Telephone

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public

My Commission expires \_\_\_\_\_

Article IX, Section 2. **Whoever with intent to deceive, shall make any statement and/or reports required under this Charter Amendment which are untrue, or shall falsify or permit to be falsified any records of this Retirement System, or who shall otherwise violate with intent to deceive, any of the terms or provisions of the Charter Amendment, shall be fined not to exceed Five Hundred Dollars (\$500.00) or ninety (90) days imprisonment or both.**

**YOU MUST RETURN, PROPERLY SIGNED AND NOTARIZED**

