

**SAMPLE WAGE ALLOCATION LETTER TO ACCOMPANY 2021 FORM W-COV/CF-COV**

**EMPLOYER LETTERHEAD**

[DATE]

City of Walker  
Income Tax Department  
4243 Remembrance Rd. NW  
Walker MI 49534

**FORM W-COV/CF-COV Wage Allocation Confirmation**

This letter confirms that [EMPLOYEE NAME] with social security number ending in [LAST FOUR] was employed by [EMPLOYER NAME] in calendar year 2021 from [BEGINNING EMPLOYMENT DATE] to [ENDING EMPLOYMENT DATE].

[EMPLOYEE NAME] worked remotely outside of the City of Walker due to COVID-19 from [BEGINNING REMOTE DATE] to [END REMOTE DATE].

**Add the following if applicable:**

[EMPLOYEE NAME] was laid off from [EMPLOYER NAME] from [BEGINNING LAY OFF DATE] to [END LAY OFF DATE].

[EMPLOYEE NAME] was paid by [EMPLOYER NAME] to stay home but did not perform work approximating their normal hours from [BEGINNING STAY HOME DATE] to [END STAY HOME DATE].

**Signed by HR Department representative or employee's supervisor**  
**Contact phone number for person signing**