

**AFFIDAVIT OF INCOME REDUCTION
WELL COMPENSATION GRANT PROGRAM
Wisconsin Administrative Code NR 123.22(2)(g)4.
s.281.75, Wis. Stats.**

State of Wisconsin

County of _____

I, as head of household, _____,
being first duly sworn, depose and say that, to the best of my knowledge and belief, my
projected Wisconsin total family income for the current year _____ is
\$_____. This is \$_____ less than my Wisconsin total
family income for the previous tax year _____ for the following reason (s):

My total family Wisconsin income since January 1 of this current calendar year is as
follows: *(Note: That social security is not reportable as Wisconsin Income.)*

Source of Income

Amount

Signature of Claimant

Subscribed and sworn to before me

This _____ day of _____.

Notary Public, State of Wisconsin

My Commission expires _____.