

**AFFIDAVIT OF PROJECTED INCOME  
FOR CURRENT YEAR  
WELL COMPENSATION GRANT PROGRAM  
Wisconsin Administrative Code NR 123  
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, I estimate that my total Wisconsin family projected income for

the current year \_\_\_\_\_, to be \$\_\_\_\_\_. (*Note: That social security is not reportable as Wisconsin Income.*)

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Signature of Claimant

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_.

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Notary Public, State of Wisconsin

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