

ANNUAL EARNINGS SUMMARY

Employer Name:

Address:

Tax ID / EIN:

Employee Name:

Employee ID/SSN:

Calendar Year:

EARNINGS BREAKDOWN

Description	Amount (\$)
Base Salary / Regular Wages	
Overtime Pay	
Bonuses	
Commissions	
Allowances / Other Compensation	
Total Gross Earnings	

DEDUCTIONS & TAXES

Description	Amount (\$)
Federal Income Tax Withheld	
State Income Tax Withheld	
Local Income Tax Withheld	
FICA (Social Security & Medicare)	
Retirement / 401(k) Contributions	
Health Insurance Deductions	
Other Pre-Tax / Post-Tax Deductions	
Total Deductions	

SUMMARY

Summary Description	Amount (\$)
Total Gross Earnings	
Less: Total Deductions	
Net Annual Earnings	

Employer Signature

Date:

Employee Signature

Date: