FEDERAL PAYROLL DEDUCTIONS TEMPLATE

Federal Insurance Contributions Act (FICA)

EMPLOYER & PAY PERIOD INFORMATION

Employer Name: _____ **Pay Period Start:** _____

EIN: _____ **Pay Period End:** _____

Check Date: _____ **Run Number:** _____

EMPLOYEE INFORMATION

Employee Name: _____ **SSN (Last 4):** _____

Employee ID: _____ **Filing Status:** _____

EARNINGS SUBJECT TO FICA

Description	Current Period Amount	Year-to-Date Amount
Gross Earnings		
Pre-Tax Deductions (Subject to FICA)		
Total FICA Taxable Wages		

FICA DEDUCTIONS & CONTRIBUTIONS DETAIL

Tax Component	Rate	Employee Deduction	Employer Contribution
Social Security (OASDI) - Up to Wage Base	6.20%		
Medicare (HI) - Base	1.45%		
Additional Medicare (If Applicable)	0.90%		
Total FICA Tax			

_____

Prepared By (Signature)

Date: _____

_____

Approved By (Signature)

Date: _____

This document serves as a record of payroll deductions in accordance with the Federal Insurance Contributions Act (FICA). Standard Social Security and Medicare tax limits apply to the current calendar tax year.