

INTERIM PAYROLL

Temporary Work Contract Pay Stub & Tax Statement

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

Tax ID / SSN: _____

Contract Agency: _____

CONTRACT & PERIOD DETAILS

Pay Period Start: _____

Pay Period End: _____

Payment Date: _____

Contract Ref No: _____

EARNINGS DESCRIPTION	HOURS WORKED	HOURLY RATE	GROSS PAY	YTD GROSS
Regular Hours (Temporary Contract)				
Overtime Hours				
Premium/Holiday Hours				
Allowances / Reimbursements				
Total Earnings				

TAXES & DEDUCTIONS

Federal / National Income Tax: _____

State / Local Tax: _____

Social Security / Pension: _____

Medicare / Healthcare: _____

Agency Commission / Fees: _____

Total Deductions: _____

Total Gross Earnings

(-) Total Deductions

NET TAKE-HOME PAY

INTERIM EMPLOYEE SIGNATURE

Date:

AUTHORIZED EMPLOYER / AGENCY SIGNATURE

Date: