

MONTHLY PAYROLL MEDICARE TAX CONTRIBUTION FORM

Medicare Tax Withholding & Employer Contribution Template

Company Name: _____

Payroll Period (Month/Year): _____

Employer EIN: _____

Submission Date: _____

Employee ID	Employee Name	Gross Wages (\$)	Taxable Wages (\$)	EE Withholding (1.45%) (\$)	ER Contribution (1.45%) (\$)

Total Taxable Wages:	
Total Employee Withholding (1.45%):	
Total Employer Contribution (1.45%):	
Additional Medicare Tax (0.9% if applicable):	
Total Medicare Contribution Due:	

Prepared By (Name & Title)

Authorized Signature & Date