

# SALARY AND WAGES INCOME STATEMENT

---

## EMPLOYER DETAILS

Employer Name:

.....

Tax ID / EIN:

.....

Address:

.....

Contact Number:

.....

## EMPLOYEE DETAILS

Employee Name:

.....

Employee ID / SSN:

.....

Address:

.....

Designation:

.....

## STATEMENT PERIOD

Pay Period Start:

.....

Pay Period End:

.....

## PAYMENT INFORMATION

Payment Date:

.....

Payment Method:

.....

EARNINGS DESCRIPTION	AMOUNT
Basic Salary / Wages	
Overtime	
Bonuses	
Allowances	
Other Earnings	
<b>Gross Earnings (A)</b>	

DEDUCTIONS DESCRIPTION	AMOUNT
Income Tax Withheld	
Social Security / National Insurance	
Health Insurance	

DEDUCTIONS DESCRIPTION	AMOUNT
Pension / Retirement Fund	
Other Deductions	
<b>Total Deductions (B)</b>	

<b>Net Pay (A - B)</b>	
------------------------	--

---

**Authorized Employer Representative Signature**

Date: \_\_\_\_\_

---

**Employee Signature (Acknowledgment of Receipt)**

Date: \_\_\_\_\_