

Employer Name:

Address:

City, State, ZIP:

Phone/Email:

## ANNUAL PROOF OF INCOME STATEMENT

For the Calendar Year: \_\_\_\_\_

### EMPLOYEE INFORMATION

Full Name:

Employee ID:

SSN / Tax ID:

Job Title:

### EMPLOYMENT DETAILS

Hire Date:

Status (FT/PT):

Pay Frequency:

Termination Date:

### Earnings Breakdown

DESCRIPTION OF INCOME	ANNUAL AMOUNT
Gross Salary / Wages	
Overtime	
Bonuses	
Commissions	
Other Taxable Compensation	

DESCRIPTION OF INCOME	ANNUAL AMOUNT
Total Gross Earnings	

### Deductions & Taxes (Summary)

DESCRIPTION OF DEDUCTION	ANNUAL AMOUNT
Federal Income Tax Withheld	
State / Local Income Tax Withheld	
FICA (Social Security & Medicare)	
Pre-Tax Deductions (Health, Retirement, etc.)	
Post-Tax Deductions / Garnishments	
<b>Total Deductions</b>	

<p><b>NET ANNUAL EARNINGS (Take-Home Pay):</b></p> <p>_____</p>
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\_\_\_\_\_  
Authorized Employer Signature

Print Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_

\_\_\_\_\_  
Employee Acknowledgment Signature

Print Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_