EMPLOYEE PRE-TAX BENEFIT DEDUCTION SPREADSHEET

Payroll Period Register & Record

COMPANY NAME

PAY PERIOD BEGIN DATE

PAY PERIOD END DATE

PAYMENT DATE

EMP ID	EMPLOYEE NAME	DEPARTMENT	MEDICAL INSURANCE	DENTAL INSURANCE	VISION INSURANCE	401(K) PLAN	FSA / HSA	OTHER PRE-TAX	TOTAL PRE-TAX
		Total Deductions:							

Prepared By (Payroll Specialist)

Approved By (Authorized Signature)

Date Signed