

HOURLY PAYROLL TIMESHEET

Pre-Tax Deductions Register

PAY PERIOD

Employee Name:

Employee ID:

Department:

Pay Date:

Hourly Rate (\$):

OT Rate (\$):

| EARNINGS CATEGORY | HOURS WORKED | RATE (\$) | TOTAL EARNINGS (\$) |
|---------------------------|--------------|-----------|---------------------|
| Regular Hours | _____ | _____ | _____ |
| Overtime Hours | _____ | _____ | _____ |
| Double Time Hours | _____ | _____ | _____ |
| Other / PTO Hours | _____ | _____ | _____ |
| Gross Earnings (A) | | | _____ |

| PRE-TAX DEDUCTIONS (SECTION 125 & QUALIFIED PLANS) | EMPLOYER CONTRIBUTION (\$) | EMPLOYEE DEDUCTION (\$) |
|--|----------------------------|-------------------------|
| Medical Insurance Premium | _____ | _____ |
| Dental Insurance Premium | _____ | _____ |
| Vision Insurance Premium | _____ | _____ |
| 401(k) / Retirement Contribution | _____ | _____ |
| Health Savings Account (HSA) | _____ | _____ |
| Flexible Spending Account (FSA) | _____ | _____ |
| Total Pre-Tax Deductions (B) | _____ | _____ |

| TAXABLE WAGES SUMMARY | CALCULATION FORMULA | ADJUSTED AMOUNT (\$) |
|--|---|----------------------|
| Subject to Federal Income Tax (FIT) | Gross Earnings (A) - Pre-Tax Deductions (B) | _____ |

TAXABLE WAGES SUMMARY

CALCULATION FORMULA

ADJUSTED AMOUNT (\$)

Subject to FICA (Social Security & Medicare)

Gross Earnings (A) - Qualifying Pre-Tax Benefits

Employee Signature & Date

Authorized Approver Signature & Date