COMPANY NAME:

STATE EIN:

PAY PERIOD ENDING:

PAYMENT DATE:

STATE DISABILITY TAX

Payroll Withholding Ledger

EMP. ID	EMPLOYEE NAME	SSN (LAST 4)	GROSS WAGES THIS PAY	SDI SUBJECT WAGES	SDI RATE	SDI TAX WITHHELD	YTD SDI WITHHELD
		Totals					

PREPARED BY

APPROVED BY

DATE