

# YEARLY NET EARNINGS STATEMENT

Statement Period: Calendar Year \_\_\_\_\_

**Employer Name:**

**Address:**

**Tax ID / FEIN:**

**Employee Name:**

**SSN / Employee ID:**

**Job Title:**

Description	Amount (\$)
<b>1. Gross Earnings</b>	
Base Salary / Wages	
Bonuses	
Commissions	
Overtime Pay	
Other Earnings / Allowances	
<b>Total Gross Earnings (A)</b>	
<b>2. Tax Deductions</b>	
Federal Income Tax withheld	
State Income Tax withheld	
Local Income Tax withheld	
FICA (Social Security) withheld	
Medicare withheld	
<b>Total Tax Deductions (B)</b>	
<b>3. Voluntary &amp; Other Deductions</b>	
Health Insurance Premiums	
Retirement Contributions (401k/IRA)	
Other Pre-tax / Post-tax Deductions	
<b>Total Other Deductions (C)</b>	

**TOTAL NET EARNINGS (A - B - C)**

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

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

\_\_\_\_\_  
EMPLOYEE SIGNATURE

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