END OF EMPLOYMENT COMPENSATION STATEMENT

Final Payroll Summary & Settlement

Employer Name:		**Employee Name:**	
Company Address:		**Employee ID:**	
Tax ID / EIN:		**Department:**	
Termination Date:		**Final Pay Period:**	
Payment Date:		**Payment Method:**	

1. GROSS EARNINGS

Description	Rate / Calculation Basis	Hours / Units	Amount
Regular Wages			
Overtime Wages			
Accrued Unused PTO / Vacation Pay			
Severance Pay			
Commission / Outstanding Bonuses			
Other:			
Total Gross Earnings (A)			

2. DEDUCTIONS & WITHHOLDINGS

Description	Amount
Federal Income Tax	
State / Local Income Tax	
Social Security (FICA)	
Medicare	
Insurance Premiums (Medical, Dental, Vision)	
Retirement Contributions	
Company Property Non-Return / Outstanding Loans	
Other:	
Total Deductions (B)	

Net Final Compensation (A - B): $ _____

Employee Signature

Date: _____

Authorized HR/Payroll Representative

Date: _____