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STATEMENT OF NET PAY

Post-Tax Earnings Summary

Employee Name: _____
Employee ID: _____
Tax ID / SSN: _____
Department: _____
Pay Period Start: _____
Pay Period End: _____
Payment Date: _____
Payment Method: _____

EARNINGS & PRE-TAX SUMMARY

Gross Earnings _____
Pre-Tax Deductions _____
Taxable Earnings _____

TAX WITHHOLDINGS & DEDUCTIONS

Federal Income Tax _____
State Income Tax _____
Local Income Tax _____
FICA (Social Security & Medicare) _____
Other Post-Tax Deductions _____

Total Gross: _____

Total Deductions & Taxes: _____

NET PAY: _____

Authorized Signature

Employee Signature (Acknowledgment)

