

YEARLY WAGE AND TAX SUMMARY STATEMENT

Tax Year: 20____

EMPLOYER INFORMATION

EMPLOYER NAME

EN / TAX ID:

ADDRESS:

CITY, ST, ZIP:

EMPLOYEE INFORMATION

EMPLOYEE NAME

SSN / TAX ID:

ADDRESS:

CITY, ST, ZIP:

1. WAGE & INCOME SUMMARY	AMOUNT
Gross Wages, Tips, other Compensation	
Federal Taxable Wages	
Social Security Wages	
Medicare Wages and Tips	
State Taxable Wages	
Local Taxable Wages	

2. TAXES WITHHELD	AMOUNT
Federal Income Tax Withheld	
Social Security Tax Withheld	
Medicare Tax Withheld	
State Income Tax Withheld	
Local Income Tax Withheld	

3. DEDUCTIONS & ADJUSTMENTS	AMOUNT
Retirement Plan Contributions (Pre-Tax)	
Health Insurance Premiums (Pre-Tax)	
Other Pre-Tax Deductions	
Post-Tax Deductions	

AUTHORIZED EMPLOYER SIGNATURE

DATE