

Current Year Earnings Statement

Employer Name:

Address:

Tax ID:

Employee Name:

Employee ID:

Statement Period:

EARNINGS CATEGORY	CURRENT PERIOD	YEAR-TO-DATE (YTD)
Basic Salary / Wages		
Overtime		
Bonuses		
Commissions		
Other Earnings		
Total Gross Earnings		
Deductions		
Federal Income Tax		
State Income Tax		
Local Tax		
Social Security / FICA		
Medicare		
Insurance Deductions (Medical/Dental)		
Retirement / 401(k)		
Other Deductions		
Total Deductions		

Gross YTD:

Total Deductions YTD:

Net Earnings YTD:

Authorized Representative Signature

Date: _____

Employee Signature

Date: _____