PAYROLL STATEMENT

Freelance Contract Services

Statement No: _____

Date: _____

Period: _____

CLIENT INFORMATION

Company:

Contact:

Address:

Email:

CONTRACTOR INFORMATION

Name:

Tax ID/SSN:

Address:

Email:

DESCRIPTION OF SERVICES / DELIVERABLES	QUANTITY / HOURS	RATE ($)	TOTAL ($)

Gross Earnings: _____

Reimbursable Expenses: _____

Deductions/Withholdings: _____

Net Paid Amount:

PAYMENT INSTRUCTIONS & ACCOUNT DETAILS

Payment Method:

Bank Name:

Account Name:

Routing Number:

Account Number/IBAN:

Freelancer Signature

Date: _____

Authorized Client Signature

Date: _____