LAST PAY PERIOD WAGES STATEMENT

Final Payroll Settlement

EMPLOYER INFORMATION

Company Name:

Address:

Phone:

Email:

EMPLOYEE & PAY INFORMATION

Employee Name:

Employee ID / SSN:

Separation Date:

Pay Period Start:

Pay Period End:

Final Pay Date:

Earnings

DESCRIPTION	HOURS/UNITS	RATE	AMOUNT
Regular Wages			
Overtime Wages			
Unused PTO / Vacation Payout			
Severance Pay			
Commissions / Bonuses			
Other:			
Gross Earnings			

Deductions

DESCRIPTION	AMOUNT
Federal Income Tax	
State Income Tax	
Social Security / FICA	
Medicare	
Health Insurance / Benefits Adjustment	
Retirement / 401(k)	
Other Deduction:	

DESCRIPTION	AMOUNT
Total Deductions	

Total Gross Earnings:

Total Deductions:

NET FINAL PAY:

Employer Representative Signature

Title: _____ Date:

Employee Signature (Acknowledgment of Receipt)

Date: