SEMIMONTHLY PAYROLL WORKSHEET

Tax Deductions & Earnings Record

COMPANY NAME _____

PAY PERIOD START _____

PAY PERIOD END _____

PAYMENT DATE _____

EMP ID	EMPLOYEE NAME	EARNINGS				DEDUCTIONS					TOTAL DED.	NET PAY
		REG. HOURS	OT HOURS	HOURLY RATE	GROSS PAY	FEDERAL TAX	STATE TAX	FICA (SS)	MEDICARE	OTHER		
	Total:											

Prepared By (Signature / Date)

Approved By (Signature / Date)