STATE INCOME TAX WITHHOLDING LEDGER

EMPLOYER NAME:

STATE:

FEDERAL EIN:

STATE TAX ID NUMBER:

PAY PERIOD / YEAR:

REPORT DATE:

DATE	EMPLOYEE NAME	EMPLOYEE ID / SSN	GROSS WAGES	STATE SUBJECT WAGES	TAX RATE / ALLOW.	STATE TAX WITHHELD	YTD WITHHELD
Total:							

PREPARED BY (SIGNATURE / DATE)

AUTHORIZED REVIEWER (SIGNATURE / DATE)