STATE TAX PAYROLL DEDUCTION REGISTER

State Income Tax Withholding Details

Company Name: **Pay Period Start:** **State:**

Federal EIN: **Pay Period End:** **State Tax ID:**

Run Date: **Check Date:** **Quarter/Year:**

EMP ID	EMPLOYEE NAME	FILING STATUS	EXEMPTIONS	GROSS WAGES	TAXABLE WAGES	SIT WITHHELD	SUI / SDI	TOTAL STATE DED.
			Totals:					

Prepared By (Signature & Date)

Approved By (Signature & Date)