

# ACTIVE INCOME STATEMENT

Recipient Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

Employer/Company: \_\_\_\_\_

Pay Period Start: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_

Pay Period End: \_\_\_\_\_

## GROSS ACTIVE INCOME

DESCRIPTION OF INCOME SOURCE	AMOUNT
Wages / Salary	
Hourly Wages	
Bonuses	
Commissions	
Consulting / Contract Fees	
Tips / Gratuities	
<b>Total Gross Active Income</b>	

## DEDUCTIONS & TAXES

DESCRIPTION	AMOUNT
Federal Income Tax	
State / Local Income Tax	
FICA (Social Security & Medicare)	
Other Deductions / Contributions	
<b>Total Deductions</b>	

## NET ACTIVE INCOME SUMMARY

Total Gross Active Income	
Less: Total Deductions	
<b>Net Active Income</b>	

Prepared By (Signature) \_\_\_\_\_

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Date

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Recipient Acknowledgement (Signature)

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Date