

AFTER-TAX EARNINGS REPORT

Employer Name: _____

Employee Name: _____

Employee ID: _____

Pay Period Start: _____

Pay Period End: _____

Payment Date: _____

Earnings & Pre-Tax Deductions

Description	Amount
Gross Earnings	
Pre-Tax Deductions	
Taxable Earnings	

Tax Taxes Withheld

Tax Category	Amount
Federal Income Tax	
State Income Tax	
Local Income Tax	
FICA (Social Security)	
FICA (Medicare)	
Total Taxes Withheld	

Post-Tax Summary

Description	Amount
Taxable Earnings	
Less: Total Taxes Withheld	
Less: Post-Tax Deductions	

Description	Amount
Net After-Tax Earnings	

Authorized Signature

Date: _____

Employee Signature

Date: _____