

MONTHLY TAXABLE INCOME STATEMENT

Statement of Taxable Earnings and Pre-Tax Deductions

Employee Name:

Employee ID:

Tax ID / SSN:

Statement Period:

Payment Date:

Employer Name:

1. GROSS EARNINGS

Description	Amount (\$)
Basic Salary / Wages	
Overtime Pay	
Bonuses & Commissions	
Taxable Allowances	
Other Earnings	
Total Gross Earnings (A)	

2. PRE-TAX DEDUCTIONS & EXEMPTIONS

Description	Amount (\$)
Pre-Tax Retirement Contributions (e.g., 401k / Pension)	
Pre-Tax Health Insurance Premiums	
Flexible Spending Account (FSA) / HSA Contributions	
Other Tax-Exempt Deductions	
Total Pre-Tax Deductions (B)	

3. TAXABLE INCOME CALCULATION

Summary Description	Amount (\$)
Total Gross Earnings (A)	
Less: Total Pre-Tax Deductions (B)	

Summary Description	Amount (\$)
Total Monthly Taxable Income (A - B)	

Prepared By (Authorized Representative)

Date