

PAYROLL COMPENSATION TEMPLATE

Non-Compete Agreement Payment Voucher

Company Name: _____ Pay Date: _____
Company Address: _____ Payroll Period: _____

PAYEE INFORMATION

Employee Name: _____ Employee ID: _____
Tax ID / SSN: _____ Job Title: _____
Address: _____

AGREEMENT & COMPENSATION TERMS

Effective Date: _____ Total Covenant Amt: _____
Duration (Months): _____ Payment Frequency: _____

PAYMENT BREAKDOWN

Description	Amount
Gross Non-Compete Compensation Installment	
Federal Income Tax Withholding	
State Income Tax Withholding	
Social Security / FICA (if applicable)	
Medicare (if applicable)	
Other Deductions:	
Net Non-Compete Payment Distributed	

This payment is subject to the terms and conditions outlined in the signed Non-Compete Agreement. Where required by jurisdiction, these payments are subject to standard supplemental wage taxation and reporting.

Authorized Payroll Representative / Date

Payee / Employee Signature / Date