

TAXABLE EARNINGS SUMMARY STATEMENT

Tax Year:
Period Covered:

EMPLOYER INFORMATION

Company Name

Employer ID (EIN)

Address

City, State, ZIP

EMPLOYEE INFORMATION

Employee Name

SSN / ITIN

Address

City, State, ZIP

EARNINGS BREAKDOWN

DESCRIPTION OF EARNINGS	AMOUNT (\$)
Gross Wages / Salary	
Bonuses and Commissions	
Overtime Pay	
Other Taxable Benefits / Allowances	
Total Gross Earnings	

PRE-TAX DEDUCTIONS & EXCLUSIONS

DESCRIPTION OF DEDUCTION	AMOUNT (\$)
Retirement Contributions (e.g., 401k / 403b)	
Pre-Tax Health / Dental / Vision Insurance	
Flexible Spending Accounts (FSA) / HSA	
Other Pre-Tax Exclusions	
Total Pre-Tax Deductions	

SUMMARY OF TAXABLE EARNINGS

Total Gross Earnings

Less: Total Pre-Tax Deductions

Total Taxable Earnings

Prepared By (Signature & Title)

Date