

STATEMENT OF NET EARNINGS

Company Name:

Employee Name:

Employee ID:

Pay Period Begin:

Pay Period End:

Payment Date:

Earnings Description	Hours / Rate	Amount
Basic Salary / Regular Pay		
Overtime Pay		
Bonus / Commission		
Other Earnings		
Total Gross Earnings		

Deductions Description	Rate / %	Amount
Income Tax		
Social Security / Pension Contribution		
Health Insurance		
Other Deductions		
Total Deductions		

Gross Earnings:

Total Deductions:

Net Earnings:

Authorized Signature

Employee Signature