

## FEDERAL INCOME TAX WITHHOLDING LEDGER

## Small Business Payroll Record

**Business Name:**

Tax Year:

**Employer ID**  
**(EIN):**

Payroll Period:

| EMPLOYEE NAME | SSN / TAX ID | PAY DATE | GROSS WAGES | FEDERAL TAXES WITHHELD (EMPLOYEE) |                        |                  | FICA MATCHING (EMPLOYER) |                  | TOTAL FEDERAL TAX LIABILITY |
|---------------|--------------|----------|-------------|-----------------------------------|------------------------|------------------|--------------------------|------------------|-----------------------------|
|               |              |          |             | FEDERAL INCOME TAX (FIT)          | SOCIAL SECURITY (6.2%) | MEDICARE (1.45%) | SOCIAL SECURITY (6.2%)   | MEDICARE (1.45%) |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
|               |              |          |             |                                   |                        |                  |                          |                  |                             |
| TOTALS:       |              |          |             |                                   |                        |                  |                          |                  |                             |

Prepared By (Signature / Date)

Approved By (Signature / Date)