

STATEMENT OF TAXABLE INCOME

Taxpayer Name:

Tax Identification No:

Address:

Employer Name:

Tax Year:

Period Covered:

Income Source / Description	Amount
Gross Salary / Wages	
Bonuses and Commissions	
Allowances	
Other Taxable Benefits	
Total Gross Earnings (A)	

Allowable Deductions / Exemptions	Amount
Pre-Tax Pension / Retirement Contributions	
Social Security / National Insurance Contributions	
Health Insurance Deductions (Pre-tax)	
Other Exemptions	
Total Deductions (B)	

Net Taxable Income (A - B)	
Total Income Tax Withheld / Paid	

Authorized Signature

Date: _____

Taxpayer Signature

Date: _____

