

STATUTORY PAYROLL SHEET

Company Name: _____

Tax Registration ID: _____

Pay Period Start: _____

Pay Period End: _____

Employee Name: _____

Employee ID: _____

Tax / SSN Identification: _____

Payment Date: _____

EARNINGS

| Description | Amount |
|---------------------------------|--------|
| Basic / Regular Salary | |
| Overtime Pay | |
| Allowances | |
| Bonuses / Commissions | |
| Other Earnings | |
| Total Gross Earnings (A) | |

STATUTORY DEDUCTIONS

| Description | Amount |
|---------------------------------------|--------|
| Federal Income Tax / PAYE | |
| State / Local Income Tax | |
| Social Security / National Insurance | |
| Medicare / National Health Insurance | |
| Statutory Pension/Retirement Fund | |
| Total Statutory Deductions (B) | |

VOLUNTARY DEDUCTIONS

| Description | Amount |
|---------------------------------------|--------|
| Private Health Insurance | |
| Union Dues | |
| Other Voluntary Deductions | |
| Total Voluntary Deductions (C) | |

EMPLOYER CONTRIBUTIONS (STATUTORY)

| Description (Non-Deductible) | Amount |
|------------------------------|--------|
|------------------------------|--------|

| Description (Non-Deductible) | Amount |
|------------------------------------|--------|
| Employer Social Security Share | |
| Employer Pension Contribution | |
| Unemployment Insurance Tax | |
| Total Employer Contribution | |

| | |
|--|--|
| Total Gross Earnings (A): | |
| Less: Total Deductions (B + C): | |
| NET PAYOUT: | |

Prepared By (Payroll Officer / Accountant)

Authorized Signature (Employer Representative)