ANNUAL STATE INCOME TAX WITHHOLDING LEDGER

Calendar Year: 20____

EMPLOYER NAME:
FEDERAL EIN:
STATE TAX ID:
STATE:
EMPLOYEE NAME:
EMPLOYEE SSN:

MONTH / PERIOD	GROSS WAGES	SUBJECT WAGES	SIT WITHHELD	DEPOSIT DATE	REF / CONFIRMATION #	NOTES / MEMO
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTALS						

Prepared By (Signature) Date

Authorized Reviewer (Signature) Date