

MONTHLY ACTIVE INCOME STATEMENT

Name:

Month / Year:

Department:

Employee ID:

Gross Active Income (Earned Income)

INCOME SOURCE	AMOUNT
Primary Salary / Wages
Hourly / Overtime Pay
Bonuses & Incentives
Commissions & Tips
Freelance / Contract Work
Consulting Fees
Other Active Income
Total Gross Active Income

Deductions & Taxes (Directly Related to Active Income)

DEDUCTION TYPE	AMOUNT
Federal Income Tax Withheld
State / Local Tax Withheld
FICA (Social Security & Medicare)
Professional Insurance / Union Dues
Other Direct Deductions
Total Direct Deductions

Summary

Net Active Income (Gross minus Deductions)

PREPARED BY (SIGNATURE)

DATE